

Name
in
Full

Mark Alexander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

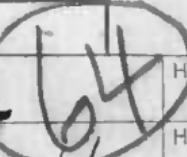
Died at	Town	County	MARYLAND		
Buxton	Baltimore				
Date of death	Month	Day	Years	Months	Days
1906	Nov.	11	81	1	1
Sex	Male	Color or Race	White	Birth-place	Virginia
Occupation	Retired	Where Residing if not at place of death	Roxton		
Married - Single or Widowed	Widowed	Name of Wife or Husband	Ann Gordon Coleman		
Father's Name	Mathaniel Alexander	Father's Birthplace	Virginia		
Mother's Maiden Name	Sara Alexander	Mother's Birthplace	Virginia		
Name of person giving information	Mrs. Mary P. Whipple Jr.	How related to deceased	Granddaughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Arterial hemorrhage



How long

2 days

Immediate

"

"

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Warren Querler
806 Cathedral St

8

Accident or Suicide?

No

Henry W. Jenkins & Sons Co

Funeral Directors

Baltimore Md

Place of Burial

Tues " Nov 13th /06

Loudon Park Cem

Name
In
Full

Edith Estella Aney.
not widans Baltimore

CERTIFICATE OF DEATH

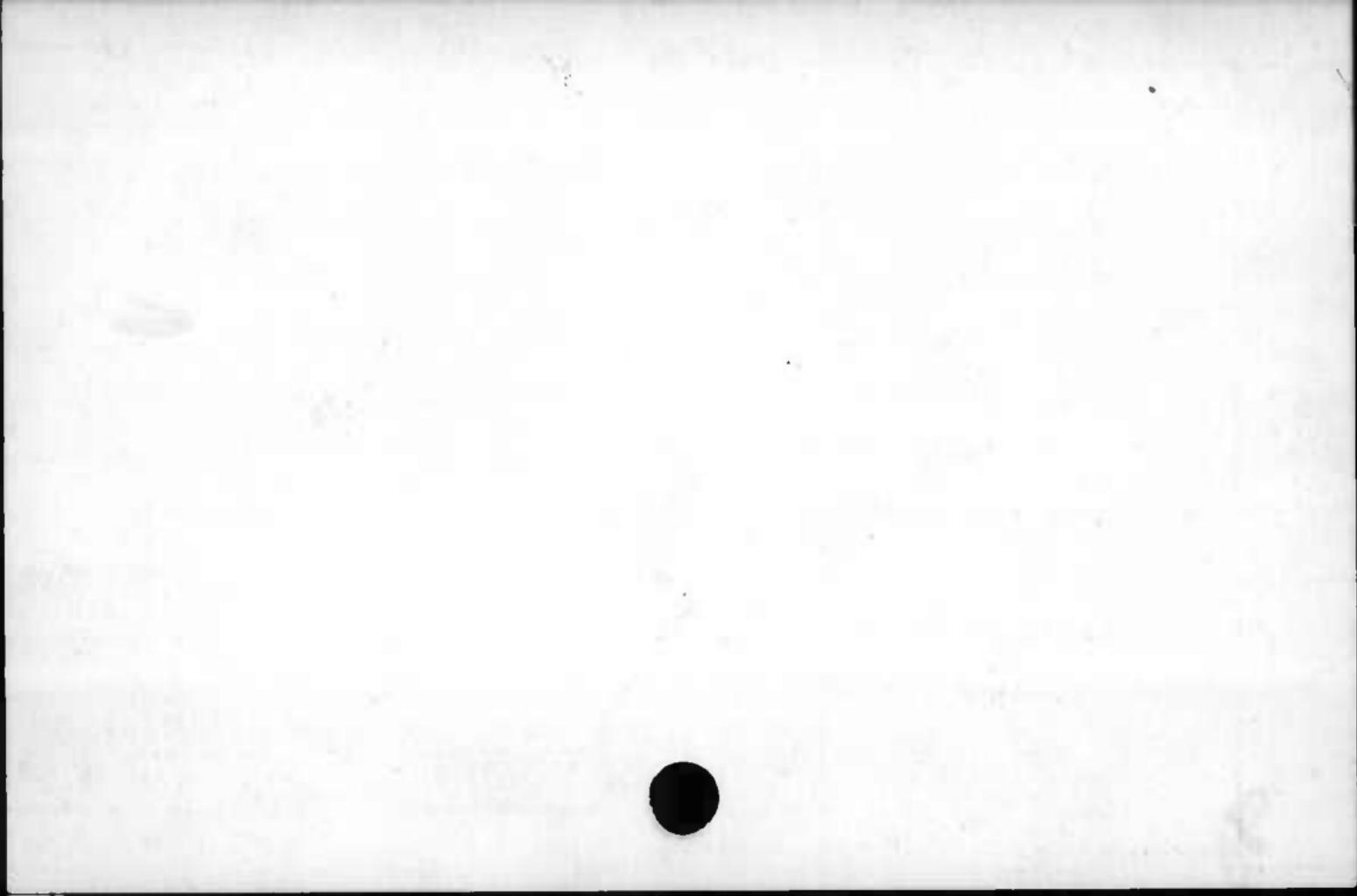
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	white	Birth-place	Baltimore	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	William Aney.			
Father's Name	Matthew T. Green				
Mother's Maiden Name	Mary E. Collins				
Name of person giving information	William Aney				
How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	3 months
Immediate	Extreme weakness.		How long	8 days.
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician	Residence
			Address	not widans
Accident or Suicide?				Md.



To BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

<i>Thos. B. Aten</i>		Town	County			
Died at	<i>Highlandtown</i>		<i>Baltimore</i>	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1906	11	13	2		8	
Sex	Male	Color or Race	White	Birth-place	<i>Baltimore Co.</i>	
Occupation	- -		Where Residing if not at place of death	<i>214 - 5th St.</i>		
Married, Single or Widowed	-		Name of Wife or Husband	-		
Father's Name	<i>Thos. B. Aten</i>		Father's Birthplace	<i>Pa.</i>		
Mother's Maiden Name	<i>Ida L. McCloud</i>		Mother's Birthplace	<i>"</i>		
Name of person giving Information	<i>Thos. B. Aten</i>		How related to deceased	<i>Father</i>		

CAUSES OF DEATH

Primary

Membranous Cough

How long

4 da

Immediate

Exhaustion

How long

10 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

*Jas. L. Gray Jr.,
3 and 1/2ough,
Highlandtown Md.*

Accident or Suicide?

8

Hennig & Son
Oak Lawn ^{Cem.}
11/14/00

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

"Auntie" aged 90 & deceased woman of the
Employ of Mr. J. A. Booth, Esq.

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND			
Died at	Potomac	Baltimore					
Date of death	Month	Day	Years	Months	Days		
1906	Nov.	3	(?) 90 yrs	-	-		
Sex	female	Color or Race	(Cal)	Birth-place	(?)		
Occupation	Lavender	Where Residing if not at place of death					
Masted, Single or Widowed		Name of Wife or Husband	Potomac				
Father's Name	Don't know					Father's Birthplace	Don't know
Mother's Maiden Name	Don't know					Mother's Birthplace	Don't know
Name of person giving Information	J. A. Booth					How related to deceased	Employer

CAUSES OF DEATH

Primary

General debility & age

154

How long

Immediate

Cardiac Arrest

—

8 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Paynter, M.D.
Potomac, Md.

Outside

John Burns Ross

Toronto

Private Cemetery on
W^h George Harrison's

Farm

Balto. Co.

Name
In
Full

Alfred Bailey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Sparrow's pt.	Balto.		Months	Days
Date of death	Month	Day	Years	
1906	Nov.	3	3	
Sex	Color or Race	Age	Birth-place	
male	white	3	Md.	
Occupation	Where Residing if not at place of death			
nurse	Sparrow's pt.			
Married, Single or Widowed	Name of Wife or Husband			
Single	—			
Father's Name	Father's Birthplace			
Rev. Baile	England			
Mother's Maiden Name	Mother's Birthplace			
—	England			
Name of person giving Information	How related to deceased			
Mrs. Rev. Bailey	Mother			
CAUSES OF DEATH				
Primary	Burn	(16)	How long	28 hours
Immediate	Burn & shock	(16)	How long	28 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. K. Peltzman M.D.	
yes		Address	Sparrow's pt., Md.	
Accident or Suicide				



4

Name
in
Full

Ethel Bayer

CERTIFICATE OF DEATH

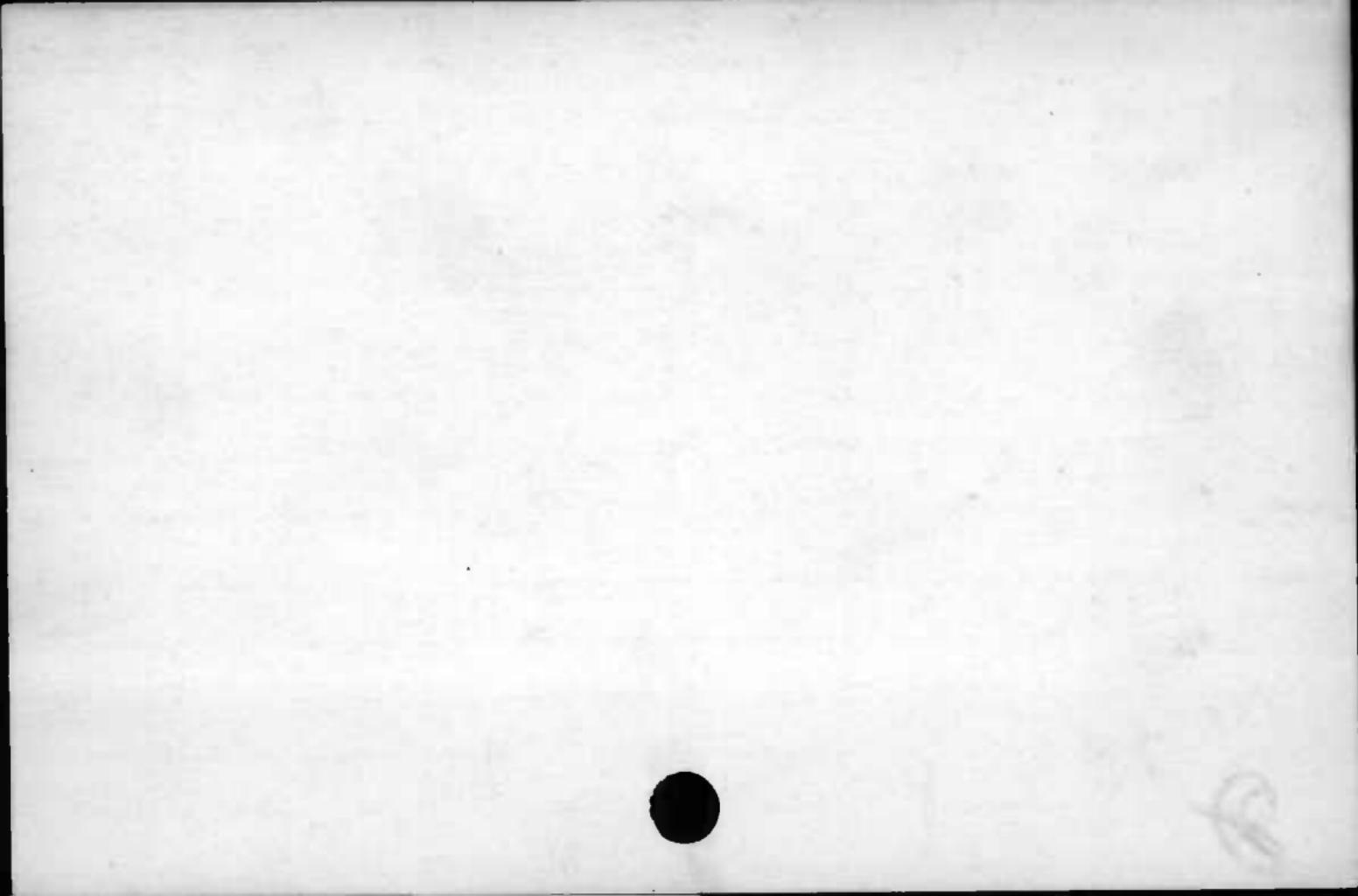
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	2 years	2.	10
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Child	Name of Wife or Husband			
Father's Name	George V. Bayer			Father's Birthplace	Maryland
Mother's Maiden Name	Cora Niderman			Mother's Birthplace	
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Membranous Croup		How long	
Immediate	Expansion		9	three days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long	
Yes		J. J. Webb		
		Address	Randallstown	
			Balt Cr	
Accident or Suicide?				



Name
In
Full

Jacob S. Baker

CERTIFICATE OF DEATH

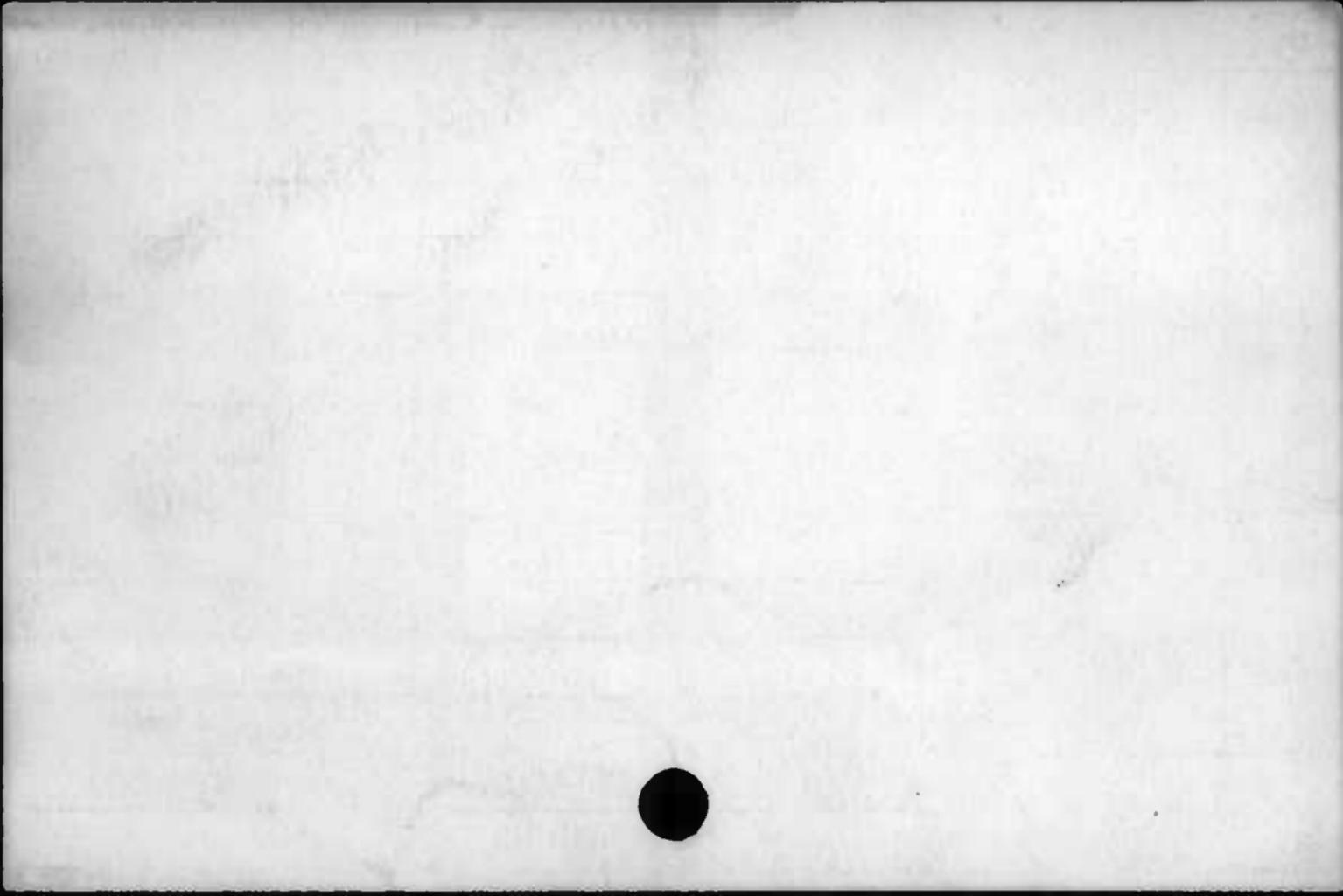
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County			
Died at	Glen Rock Pa.		York.		Pa.	
Date of death	Month	Day	Years		Months	Days
1906	11	5	72		7	6
Sex	Male	Color or Race	white	Birth-place	Baltimore Md.	
Occupation	Jeweler.					Where Residing if not at place of death
Married, Single or Widowed	Married	Name of Wife or Husband	Eliza Bith Neff.			
Father's Name	Henry Baker			Father's Birthplace	Md.	
Mother's Maiden Name	Annie Slover			Mother's Birthplace	Md.	
Name of person giving information	Allen J. Baker			How related to deceased	Son.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	~ ~		How long	~
Immediate	Cerebral apoplexy		How long	8 hrs.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. L. Seitz.	
		Address	Glen Rock Pa.	
Accident or Suicide?	~			



Name
in
Full

John Barrell

CERTIFICATE OF DEATH

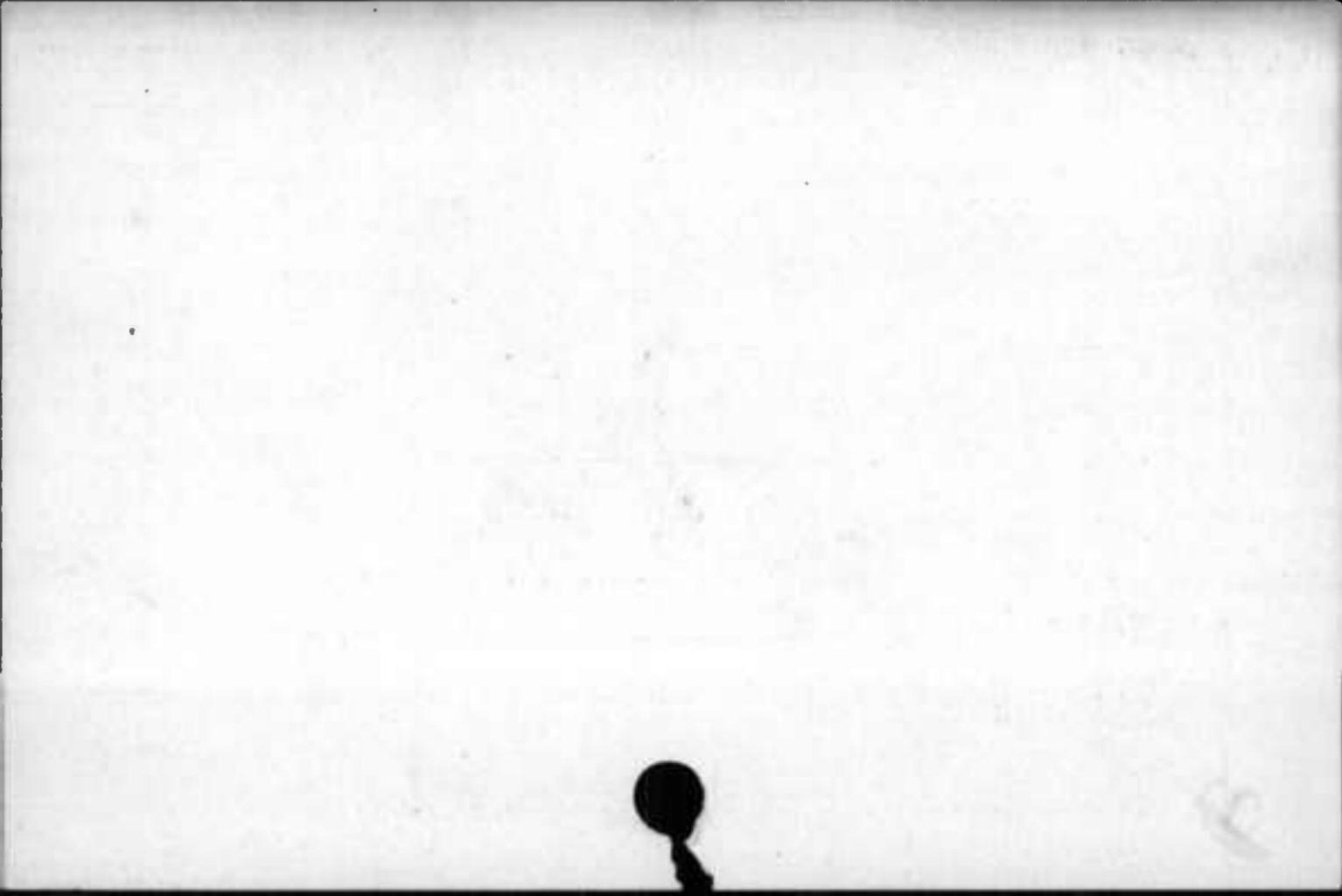
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
1906 Nov 11 th	Age 46	Years	Months Days
Date of death	Month	Years	Months Days
Sex Male	Color or Race White	Birth-place Ireland	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed Single	Name of Wife or Husband		
Father's Name unknown	Father's Birthplace unknown		
Mother's Maiden Name "	Mother's Birthplace "		
Name of person giving information	How related to deceased		

Need Mt Hope Rehabs nor at all

CAUSES OF DEATH

Primary	Melancholia	(3)	How long 10 Moos
Immediate	Ex Bulbar Paroxysms		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Frank J. F. Launay MD	
		Address Mt Hope Rehabs Balto Co Md -	
PHYSICIAN OR CORONER	J	Accident or Suicide?	



Name in Full

Certificate of Death

Infant of Arthur & Minnie Baughman

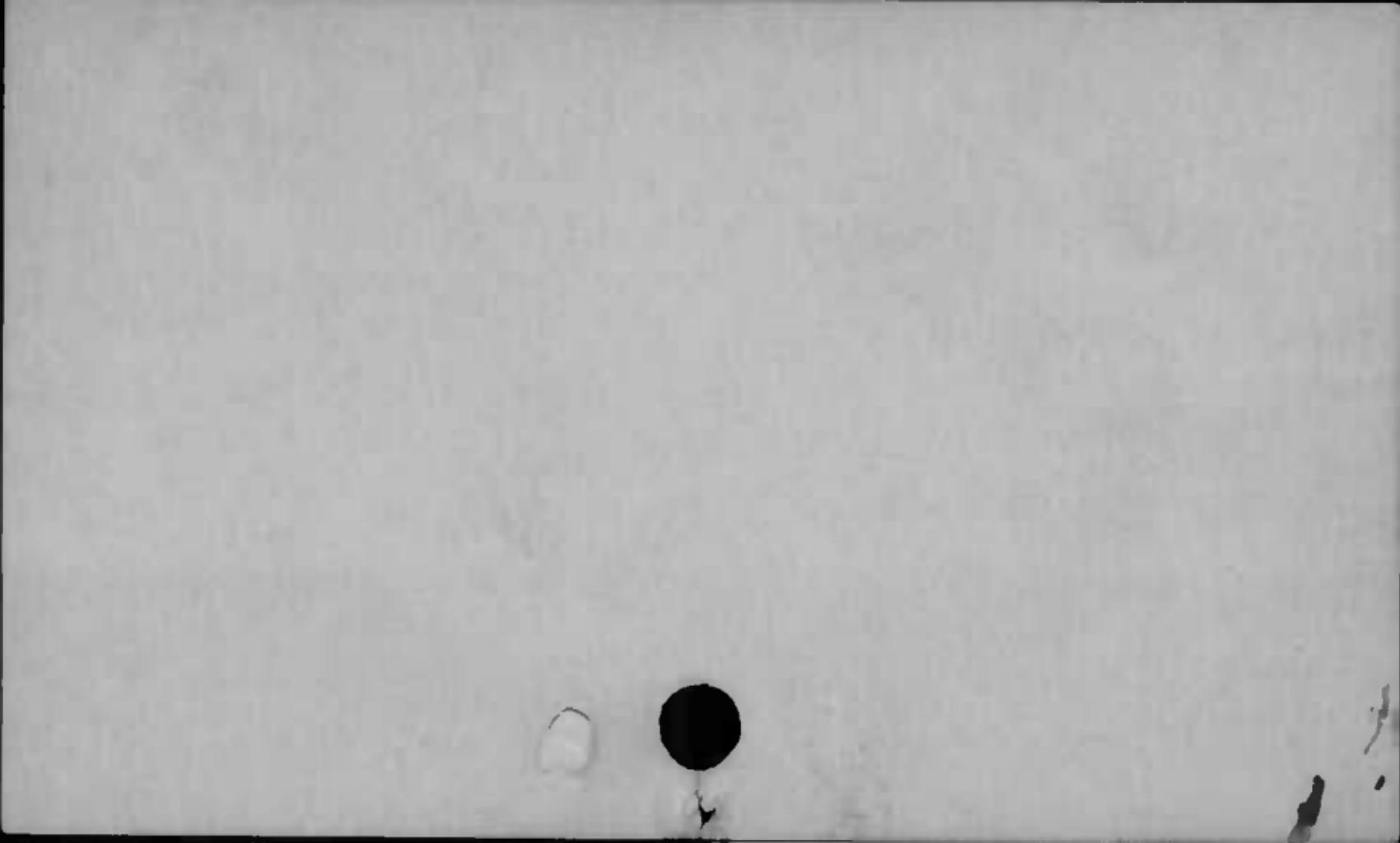
Died at Highland Baltimore MARYLAND

Died at	Town	County	Native of	Occupation
1908	Month	Day	Stilebom	
Date	Male	Age	Widow	Divorced
	Female	Married	Widower	Number of children living
Husband of	White	Single		1
Wife	Colored			

Father's Name	Arthur Baughman	Mother's Name	Minnie Baughman
Cause of Death	Primary	Stilebom	How long sick
	Immediate		

Reported by	S. Warner	Accident, Suicide, Homicide
Address		

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John W. Bayne

Died at <i>Baynesville</i>			County <i>Baltimore</i>		CERTIFICATE OF DEATH	
Town			County		MARYLAND	
Date of death 1906	Month 11	Day 30	Age 68	Years	Months 5	Days
Sex Male	Color or Race White		Birth-place Md			
Occupation Blacksmith	Where Residing if not at place of death			<i>Baynesville</i>		
Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband		Father's Birthplace		Md	
Father's Name <i>Wm Bayne</i>				Mother's Birthplace		"
Mother's Maiden Name <i>Ellen Burgean</i>				How related to deceased		<i>Son</i>
Name of person giving information <i>James E Bayne</i>						

CAUSES OF DEATH

Primary

Lobir pneumonia

(93)

How long

Immediate

Fatal vital forces

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Wm. F. Whitford

Address

Sparklee, Md.

Accident or Suicide? _____

Filed 1906

Frederick Lawton
von

Mountaine

Name
in
Full

S. Elizabeth Bedford

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Rose Banks	Baltimore		Months	Days	
Date of death	Month	Day	Years	Months	Days
1906	Nov.	19	39	7	29
Sex	Female	Color or Race	Negro	Birth-place	Md
Occupation	Hauscwife	Where Residing if not at place of death			
Married, S— or W—	Name of Wife or Husband	Daniel G. Bedford	Father's Birthplace	Md	
Father's Name	Richard Spragg	Mother's Birthplace	Md		
Mother's Maiden Name	Marie Wachob	Name of person giving information	How related to deceased	Husband	
	Daniel G. Bedford				

CAUSES OF DEATH:

PHYSICIAN
OR CORONER

Primary

Pregnancy

(38)

How long

9 months

Immediate

Measles, Hemorrhage & convulsions

How long

8 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

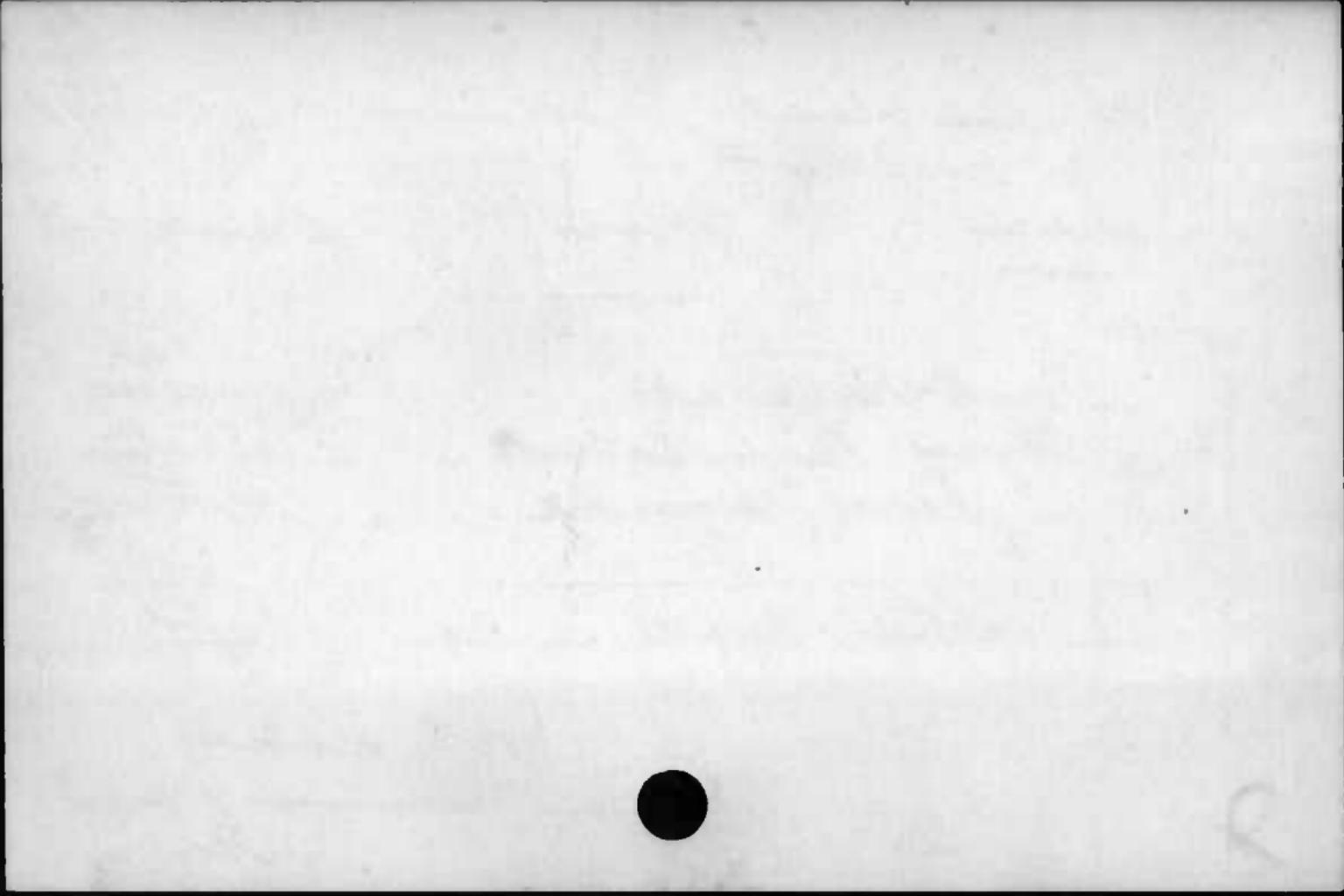
Signature of Physician

Address

J. C. Sclater

Spurri Point

Accident or Suicide?



Name
in
Full

Blanche Bell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Chestnut Ridge

Town County Baltimore

MARYLAND

Date of death 1906 Month Nov. Day 23

Age 48 hours

Months — Days —

Sex Female

Color or Race

White

Birth-place

Chestnut Ridge

Married, Single
or Widowed

Infant

Occupation

Infant

Name of Wife or Husband

Infant

Father's Name

Father's Birthplace

Mother's Maiden Name

Addie M. Bell

Baltimore Md.

Name of person giving information

Wm H. Bell

How related to deceased

Grandfather

(15)

CAUSES OF DEATH

Primary

Feeble & underdeveloped at birth

How long

48 hours

Immediate

Stridor

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

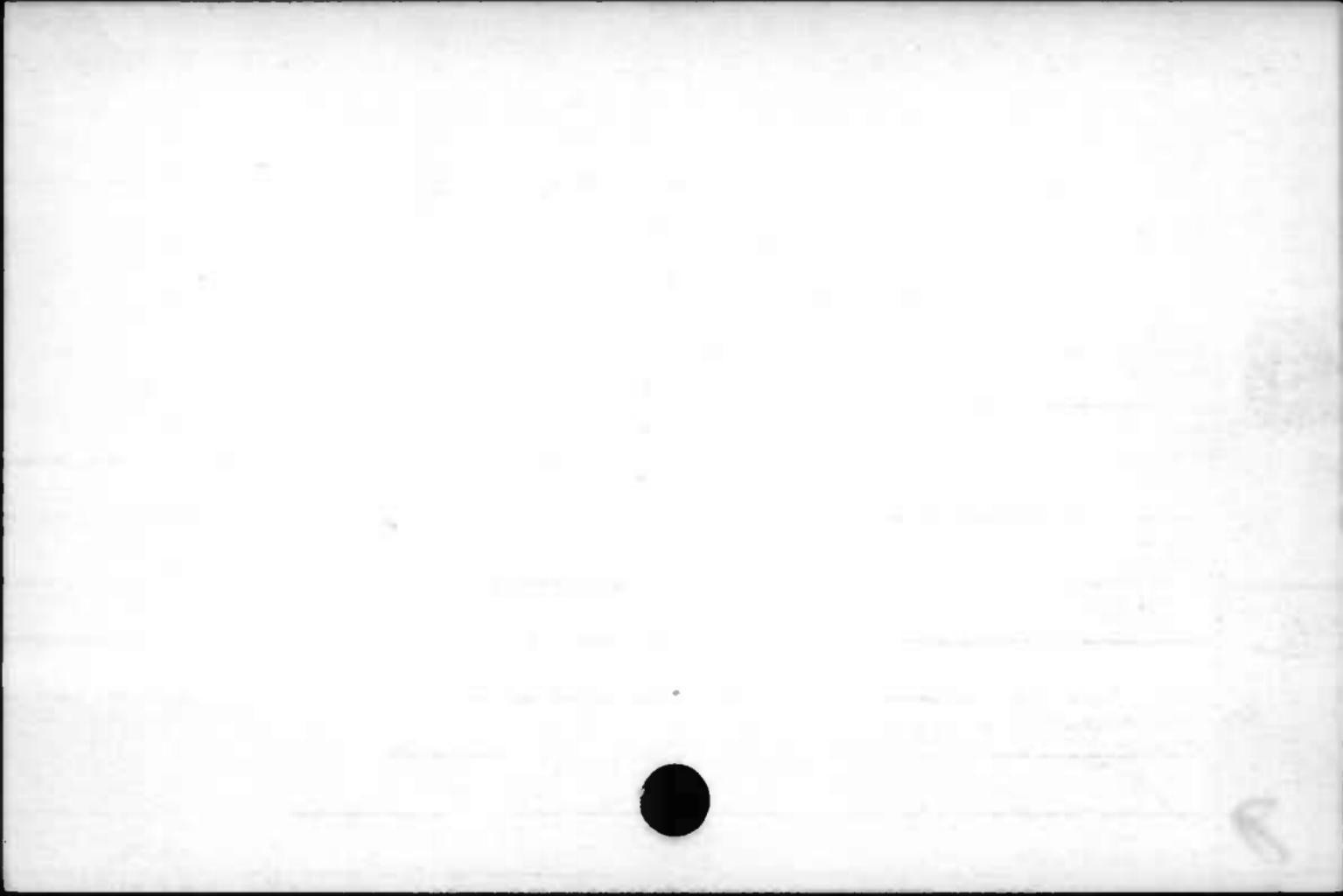
Address

James Gorr M.D.
Purshurston Md.

PHYSICIAN
OR CORONER

J

Accident or Suicide?



Name
in
Full

Harriet B. Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	True man Bell Son				
Mother's Maiden Name	Elizabeth S. Ross -				
Name of person giving information	Frank P. Bell				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Organic Heart Disease

How long

(?)

Immediate

Asthma

How long

5 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

William J. Todd MD
311 Washington St.
Md.

Accident or Suicide?

place of Burial

Greenmount

Date of Burial

Monday Nov 19th 1906

To W Jenkins

LWS.

Name
in
Full

John P Benson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Died at	Pietersvliet	Baldo				
Date of death	1906	Month nov	Day 5	Years	Age	73
Sex	Male	Color or Race	white	Birth-place	Balto Co. Md.	
Occupation	Farm	Where Residing if not place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Ida Benson			
Father's Name	John Benson				Father's Birthplace	Baldo Co. Md.
Mother's Maiden Name	Louisa Gill				Mother's Birthplace	" " "
Name of person giving information	Ida Benson				How related to deceased	wife

CAUSES OF DEATH

Primary

Bright's Disease

How long

2 yrs

Immediate

Heart Failure

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. McElroy
Pietersvliet

Accident or Suicide?

Rusticola

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	Bigoski		County	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birthplace	Spurris Point
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Paul Bigoski			Father's Birthplace	Custris
Mother's Maiden Name	Mary Borusewicz			Mother's Birthplace	Custris
Name of person giving information	Paul Bigoski			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still birth S.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

F C Stedde

Spurris Point
Md

Accident or Suicide?



Name
in
Full

Christian Blomuer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u>	Town	<u>Balto</u>	County	MARYLAND		
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>20</u>	Age <u>76</u>	Years	Months <u>5</u>	Days <u>4</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Germany</u>				
Occupation <u>Black Smith</u>	Where Residing if not et place of death <u>Engleide Ave</u>					
Married, Single or Widowed	Name of Wife or Husband <u>Eva Blomuer</u>					
Father's Name	Father's Birthplace <u>Germany</u>					
Mother's Maiden Name <u>Eva Geist</u>	Mother's Birthplace <u>Germany</u>					
Name of person giving information <u>Eva Blomuer</u>	How related to deceased <u>Wife</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Right Hemiplegia (64) How long 3 Weeks
Immediate Exhaustion How long 4 days

Are the name, age, sex, color, date and place correctly given above?

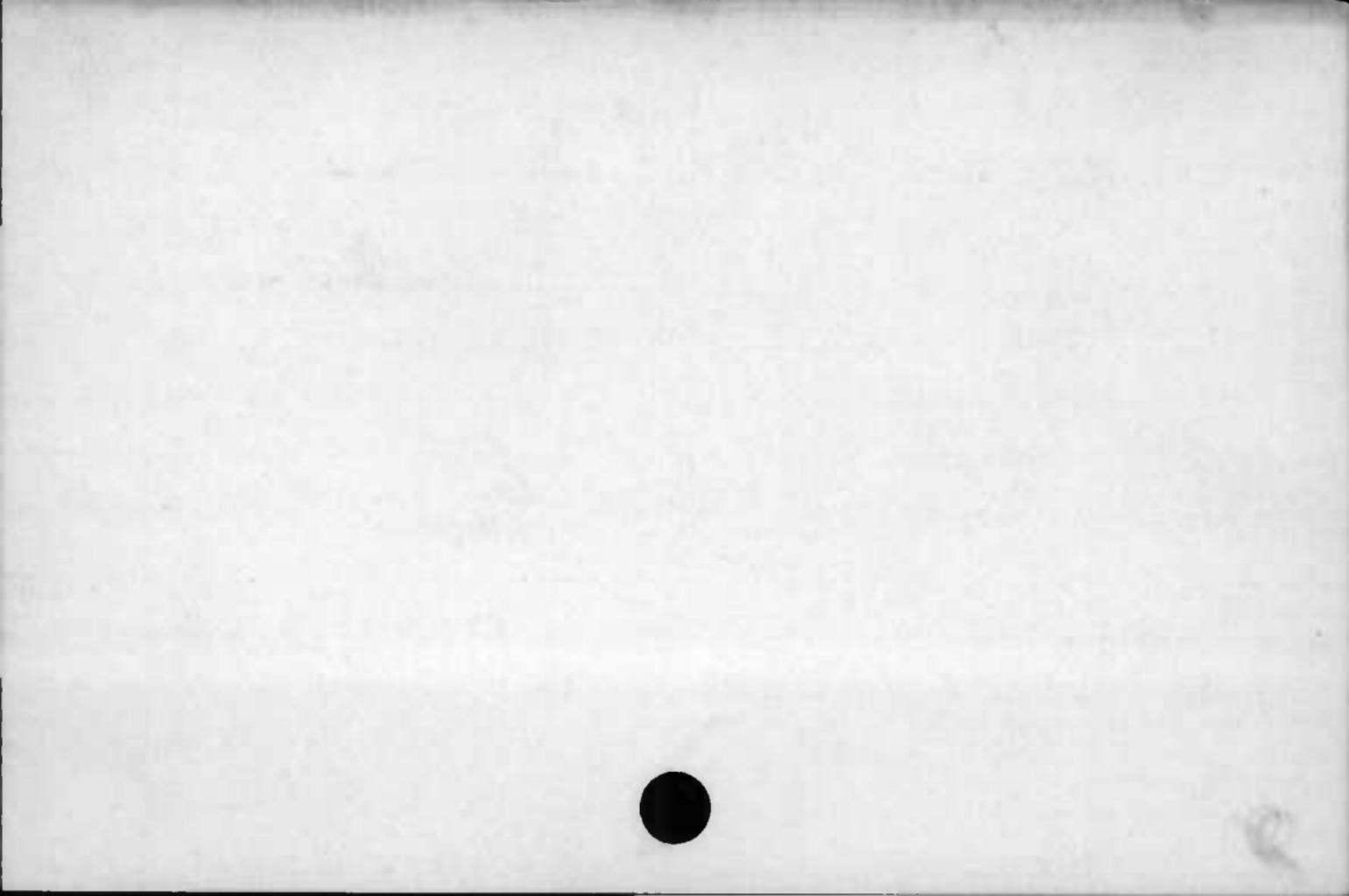
yes

Signature of Physician

Address

J Chat Macmillan
Baltimore
MD

Accident or Suicide?



Name
in
Full

(Bowie) William J. Ballou

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

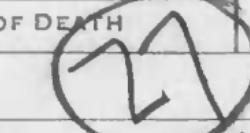
Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed	Name of Wife or Husband	<input checked="" type="checkbox"/>		
Father's Name	<input checked="" type="checkbox"/>			
Mother's Maiden Name	<input checked="" type="checkbox"/>			
Name of person giving information	<input checked="" type="checkbox"/>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dementia



How long

20 yrs.

Immediate

Pulmonary Tuberculosis

How long

1 yr.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Filed 1906
No.

Dr. R. Nade
Bladensburg, Md.

Accident or Suicide?





Name
in
Full

Mr Ed. Bowling -

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County	MARYLAND			
Died at	Baltimore Co				
Date of death	Month Nov	Day 5 th	Age 58 Years	Months	Days
Sex	Female	Color or Race	White -	Birth-place	Unknown -
Occupation	Wife of Farmer				
Married, Single or Widowed	Married	Name of Wife or Husband	Where Residing if not at place of death	Bryantown Md - Reeds Mt Stone	
Father's Name	Unknown -				
Mother's Maiden Name	" "				
Name of person giving Information	Reeds Mt Stone (68)				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Terminal Disease Post Mortem Condition How long - 4 or 5 yrs -

Immediate Exhauation - How long _____

Are the name, age, sex, color, date and place correctly given above?

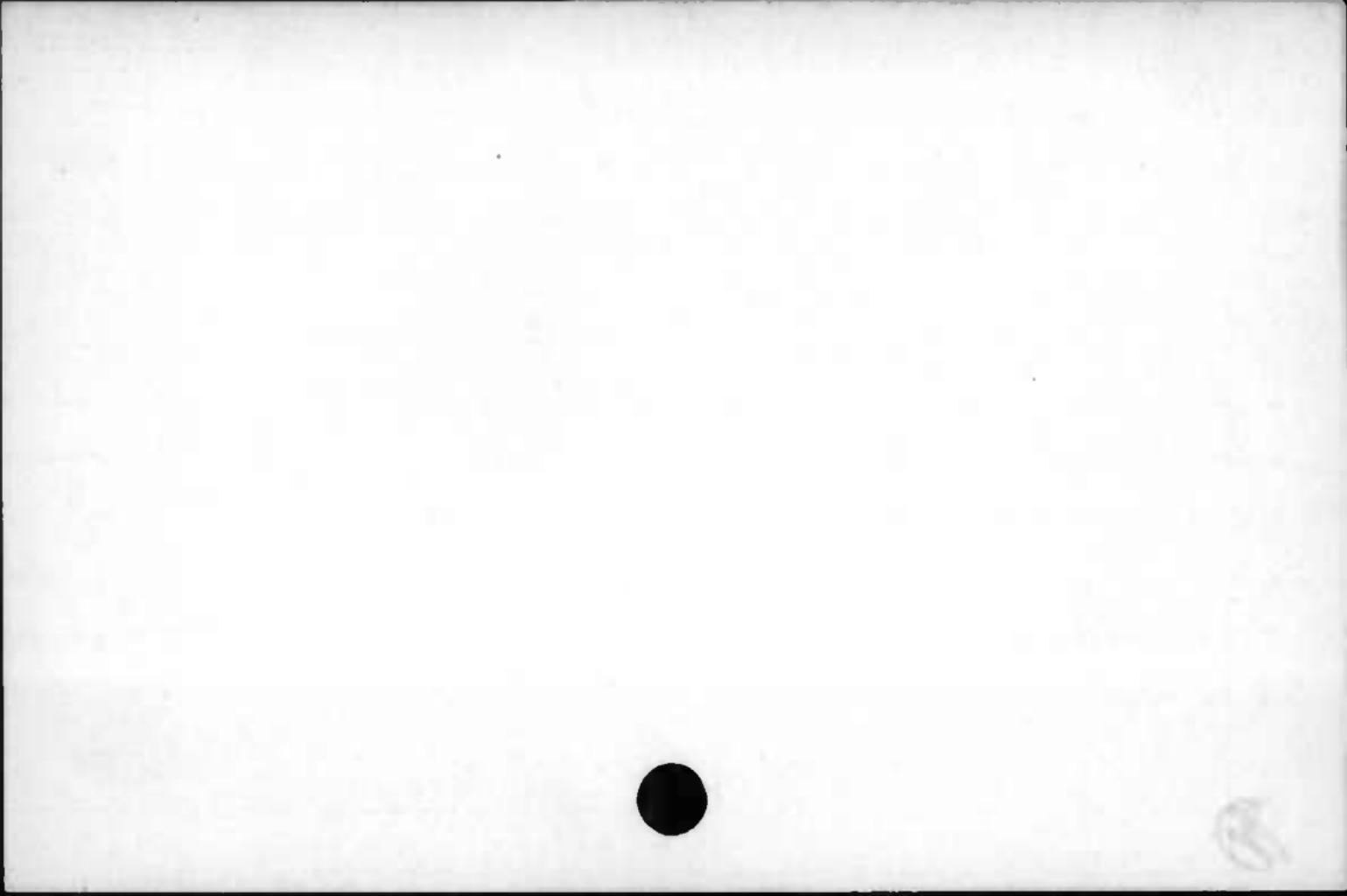
Yes

Signature of Physician

Frank J. Flanagan
Mt Stine Reman
Baltimore Co Md -



Accident or Suicide?



Name
in
Full

Amelia A. Brecht

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>315 Second St.</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>November</u>	Day <u>30</u>	Age <u>1</u>	Years	Months <u>7</u> Days <u>4</u>
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Balto. Md.</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>infant</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>Henry F. Brecht</u>	Father's Birthplace <u>Balto</u>				
Mother's Maiden Name <u>Dora Welsch</u>	Mother's Birthplace <u>Balto</u>				
Name of person giving information <u>Henry F. Brecht</u>	How related to deceased <u>father</u>				

CAUSES OF DEATH

Primary

Intestinal obstruction

How long

4 days

Immediate

convulsions

How long

26 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Hochsieder M.D.

344 E Baltimore St

Highlandtown

J

Accident or Suicide?

Mr. Gammel
H. Sander Sons

Name
in
Full

Josephine C Broderick -

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Mt Hope Retreat Baltimore		County	MARYLAND
Date of death	Month	Day	Years
1906	Nov	9 th	Age 54
Sex	Color or Race	Months Days	
Femal	White	Unknown unknown	
Occupation	Where Residing if not at place of death		
Wife of Policeman -	Baltimore M		
Married, Single or Widowed	Name of Wife or Husband		
Married	Unknown -		
Father's Name	Father's Birthplace		
Unknown	Unknown		
Mother's Maiden Name	Mother's Birthplace		
II	II		
Name of person giving Information	How related to deceased		
Reeds of Mt Hope Retreat	Not at all		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Melancholia

39

How long
about 3 mos

Immediate

Sx - Sarcoma of Left jaw bone -

How long
about 4 mos -

Are the name, age, sex, color, date and place correctly given above?

Yes

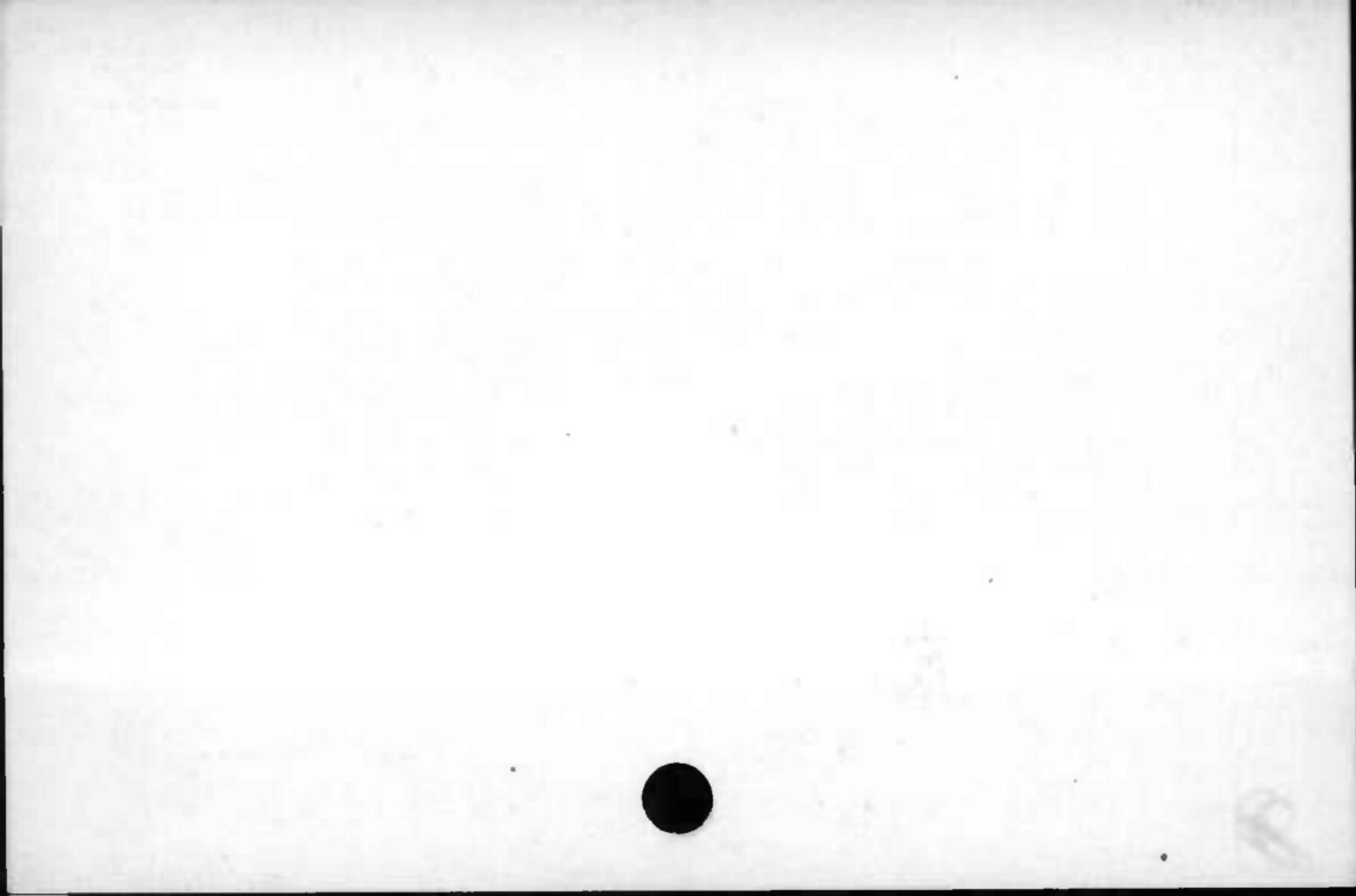
Signature of Physician

Address

Frank J. Flannery MD
Mt Hope Retreat
Baltimore Md

Accident or Suicide?

8



Name
in
Full

Mary Brooks

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jerry Brooks			Father's Birthplace	MD
Mother's Maiden Name	Mrs. J. Brown			Mother's Birthplace	MD
Name of person giving information	Wife M. Moore Sept			How related to deceased	Wife all

CAUSES OF DEATH

Primary	Typhoid fever	(1)	How long	28 days
Immediate	Subacute Pneumonia		How long	4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. Wissner MD
1220. E. Fayette St
Baltimore.



Accident or Suicide?

residential home at
Melvane. Bally Co

Nov. 8 - 86

A S Marshall
3539 Falls Road

Name
in
Full

Emanuel Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

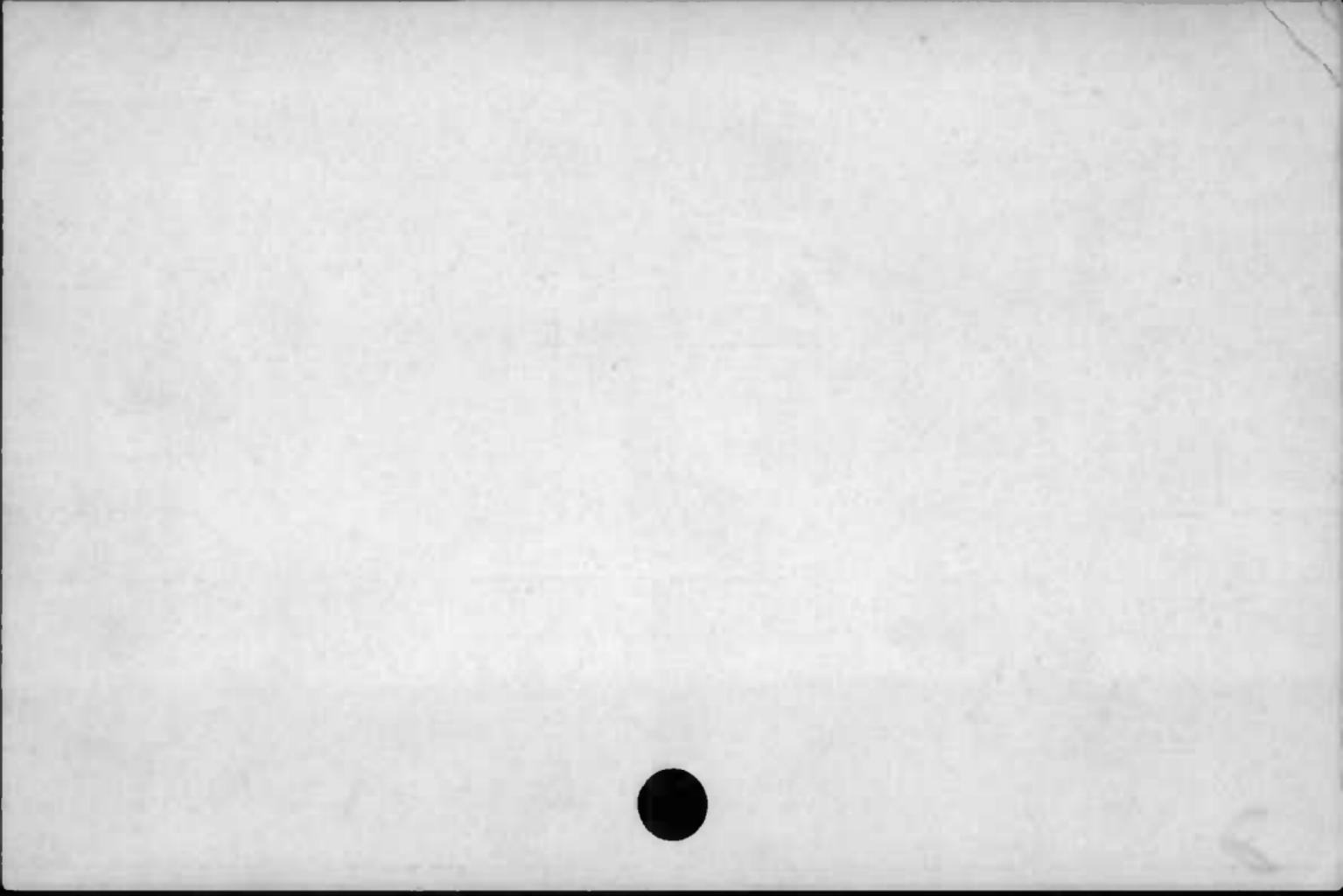
Died at	Town	County	MARYLAND		
Died at	Georgetown	Baltimore			
Date of death	Month	Day	Years	Months	Days
1906	Nov	11	Age 74		
Sex	Male	Color or Race	white	Birth-place	Baltimore MD
Occupation	Farmer	Where Residing if not at place of death			
Married, Single or Widowed	widow	Name of Wife or Husband	Grananna Brown	Father's Birthplace	Baltimore MD
Father's Name	Rasim Brown	Mother's Maiden Name	Mary Rice	Mother's Birthplace	" "
Name of person giving information	Lewis Brown	How related to deceased	Brother	How long	24 hours

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Santa Podigastion	How long	24 hours
Immediate	Paralysis of heart	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W.H.Campbell
		Address	600 S. Philadelphia

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sophronia Brown

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County		
Date of death	Month	Day	Years	Months	Days
1906	Nov	16 th	Age 15		
Sex	Female	Color or Race	Brown	Birth-place	Rex Baltimore
Occupation	Machine Operator				
Married, Single or Widowed	Where Residing if not at place of death				
Father's Name	John Brown				
Mother's Maiden Name	Not Known				
Name of person giving information	Superintendent				

CAUSES OF DEATH

Primary	Typhoid Fever	①	How long	Ten days
Immediate	Pneumonia		How long	Four days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

W. Winsey Mrs
1220 E. Fayette St



Accident or Suicide?

Wetval's Home -

Nov. 17-06

A.S. Marshall
35-39 Falls Road

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Mary E. Brownell						CERTIFICATE OF DEATH		
Died at	Town	County			MARYLAND			
Date of death	Month	Day	Years	Months		Days		
Sex	Color or Race	Age 23		Birth-place		Baltimore City		
Occupation	Where Residing at time of death		218 Cold Spring Lane					
Married, Single or Widowed	Name of Wife or Husband	Milton J. Brownell		Father's Birthplace		Balto Md.		
Father's Name	Robert J. Sullivan		Mother's Birthplace		Balto Md.			
Mother's Maiden Name			How related to deceased		Husband			
Name of person giving information	Milton J. Brownell							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Lung. ✓		How long according to history, 9 months
Immediate	Laryngeal	Tuberculosis	How long 20 days.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address		A. Kelley M.D. 3849 Roland Ave
g			
Accident or Suicide?			

Robert James

Broadway Obey it
Ball & Company

Name
in
Full

Dorothy Alta Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Warren Balli. ^{Co. 2nd}	
Occupation	Home		Where Residing if not at place of death	Warren Balli. Co. 2nd		
Married, Single or Widowed	2	Name of Wife or Husband	1			
Father's Name	Williams Barnes			Father's Birthplace	Balli. Co. Warren	
Mother's Maiden Name	Bessie Johnson			Mother's Birthplace	Balli. Co. 2nd	
Name of person giving information	(Mother) Bessie Barnes			How related to deceased	Mother	

CAUSES OF DEATH

Primary	Hypertension		(6)	How long	4 weeks
Immediate	Cataractal Cormun			How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Dr. J E Benson		
	Address		Rockville Md		
Accident or Suicide?					

Interments at Poplar
Cemetery Nov 30.

H. C. Brooks

Name
in
Full

Katharina Burz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Nov.	4	85	—	14	
Sex	Female	Color or Race	White	Birth-place	Germany	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Widowed	Name of Wife or Husband				
Father's Name	George Heck	Father's Birthplace	Germany			
Mother's Maiden Name	not known	Mother's Birthplace				
Name of person giving information	Frederick Deuchler	How related to deceased	A. friend			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	(93)	How long	4 days
Immediate	Exhaustion		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W.W. Jones
			Address	346 O'Donnell St.
Accident or Suicide?				

Mr Currier

Name
in
Full

Mary G Lannom

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Governstown	Baltimore			
Date of death	Month	Day	Years	Months	Days
1906	Nov	3	82	10	11
Sex	Color or Race	white	Birth-place	Virginia.	
Female			Governstown.		
Occupation	Where Residing if not at place of death				
None					
Married, Single Widowed	Name of Wife or Husband	E. A. Lannom.			
Father's Name	Thomas Smith.	Father's Birthplace	Va		
Mother's Maiden Name	Mary Dean.	Mother's Birthplace	do		
Name of person giving information	Gro. R. Lannom.	How related to deceased	Son		

CAUSES OF DEATH

Primary	Chronic Enteritis - Colitis	How long	Several years
Immediate	Malassimilation & Diarrhoea	How long	3 wks.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo St. Roosing
Yes.		Address	St. Luke's Bldg York Road..
D			Md.
Accident or Suicide?			

Interment at
Richmond Va

Undertakers
Stewart & Moore
218 Park ave
Baltimore
Md.

Name
in
Full

Uiah Carter
Baynesville

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1908 Nov	Month	Day	Years	Months Days
Sex male	Color or Race	Age 62		
Occupation Carpenter	Where Residing if not at place of death Baynesville			
Married, Single or Widowed Married	Name of Wife or Husband Sarah R. Carter			
Father's Name Uiah Carter	Father's Birthplace Md			
Mother's Maiden Name Lillie Corbin	Mother's Birthplace Md			
Name of person giving information Mrs Uiah Carter	How related to deceased wife			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Tuberculosis	(2)	How long Two years
	Immediate	Heart failure following tuberculosis	(2)	How long Three months
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician J. H. Jarrett	Address Garrison
Accident or Suicide?				

John Burns Son
Towser

Providence U. S.

Cemetery

Ballo.
Co.

Name
in
Full

Victoria Casavich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Todd's Farm	Belt.		
Date of death	Month	Day	Years Months Days
1906	11	30	
Sex	Color or Race	Age	
Female	white	30	
Occupation	Where Residing If not at place of death	Birth-place	
Wife	Todd's farm	Palaud	
Married, Single or Widowed	Name of Wife or Husband		
W-	Joy Casavich		
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information	I.B. Todd, Jr.	How related to deceased	Issue

CAUSES OF DEATH

Primary

Diarrhoeal

(3)

How long

5 weeks

Immediate

Childbirth

Exhaustion

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

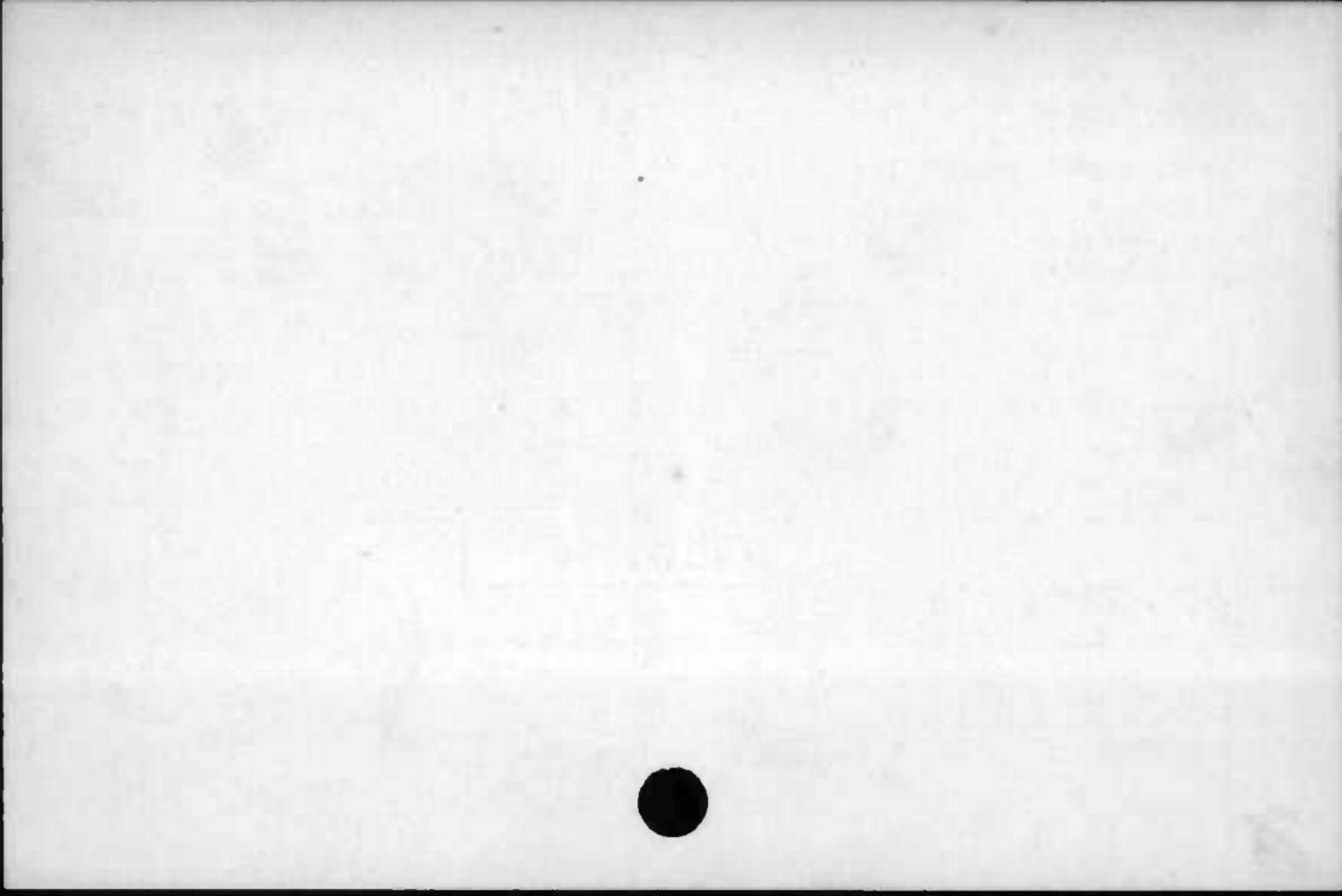
Signature of Physician

Address

J. Woodward MD
Sparrows Point
Md.

Accident or Suicide?





Name
in
Full

Elizabeth Staton Cavander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

8

Died at <u>Lansdowne</u>		Town	County <u>Balt</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Nov.</u>	Day <u>27</u>	Age <u>61</u>	Years	Months <u>2</u>	Days
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Berlin - Md.</u>		
Occupation <u></u>	Where Residing if not at place of death <u>Worcester Co.</u>					
Married, Single or Widowed <u></u>	Name of Wife Husband <u>Martin V. Cavander</u>			Father's Birthplace <u>Md.</u>		
Father's Name <u>George W. Staton</u>			Mother's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Elizabeth Ann Covington</u>			Name of person giving information <u>Eunice Frey,</u>	How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

Primary Uterine Cancer (42) How long 14 months,
Immediate Ex hemorrhoids How long after day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Frank H. Riegel
Lansdowne Balt Md.

Address

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Town <u>Lutherville</u>	County <u>Baltimore</u>	MARYLAND			
Date of death <u>1906</u>	Month <u>Nov</u>	Day <u>18</u>	Years <u>Age</u>	Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Lutherville Md</u>			
Occupation <u> </u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>				
Father's Name <u>John R. Chambers</u>	Father's Birthplace <u>Baltimore</u>				
Mother's Maiden Name <u>Emma S. Crow</u>	Mother's Birthplace <u>Va</u>				
Name of person giving information <u>Myself John R. Chambers</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

steel bone

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. L. SmithRiderMdAccident or Suicide?

José Schoneveld }
Father }

Stjepan Tucek and

Name
in
Full

John R Cone

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

1906 10 3 82 Harford Co.

Married Husband Elizabeth Cone

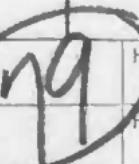
Randolph Cone Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Organic heart disease



How long

Not known

Immediate

Detachment

How long

" "

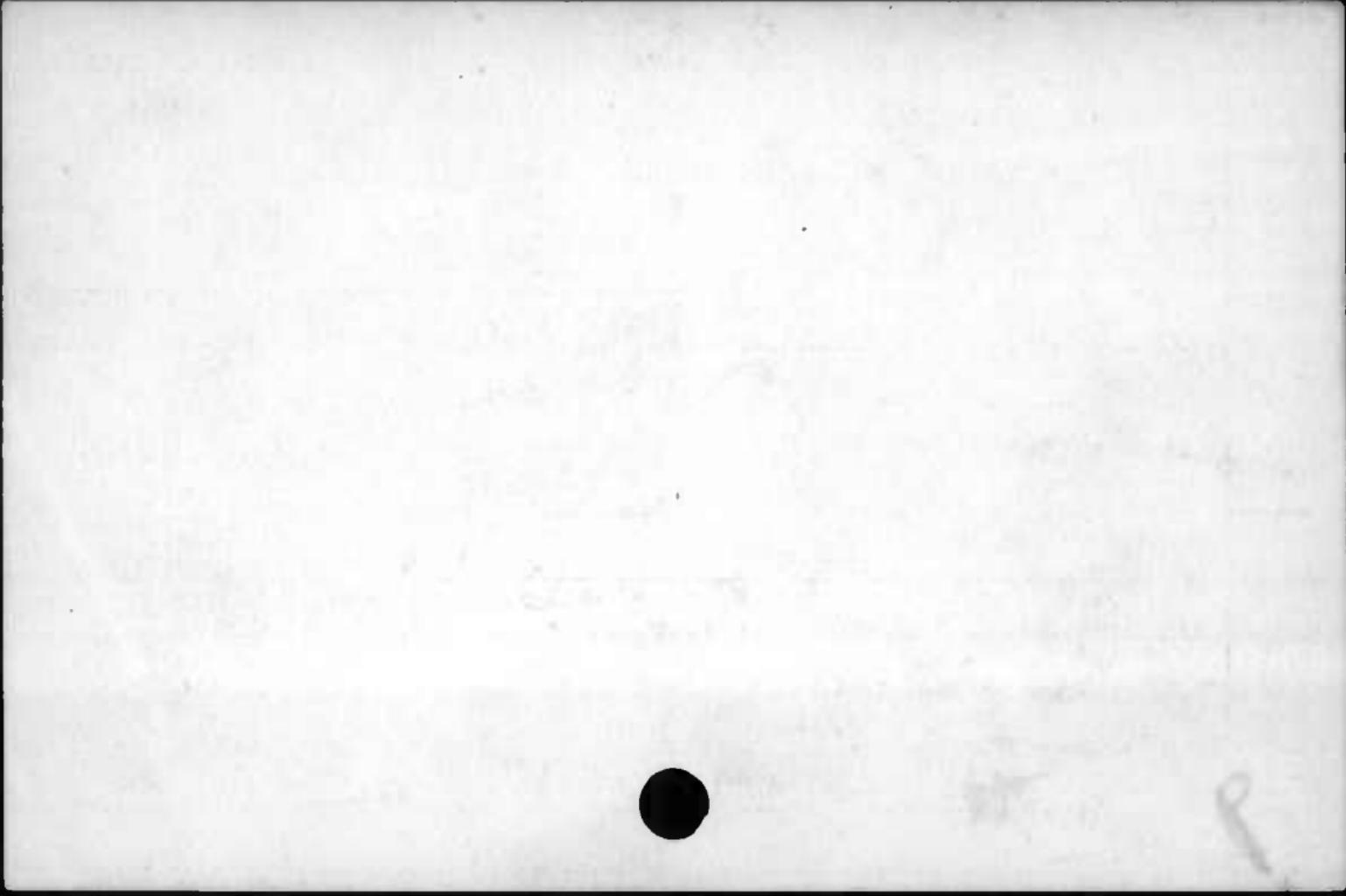
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Jewell S. Green
Jewell S. Green

Accident or Suicide?



Name
in
Full

Anna M Cole

CERTIFICATE OF DEATH

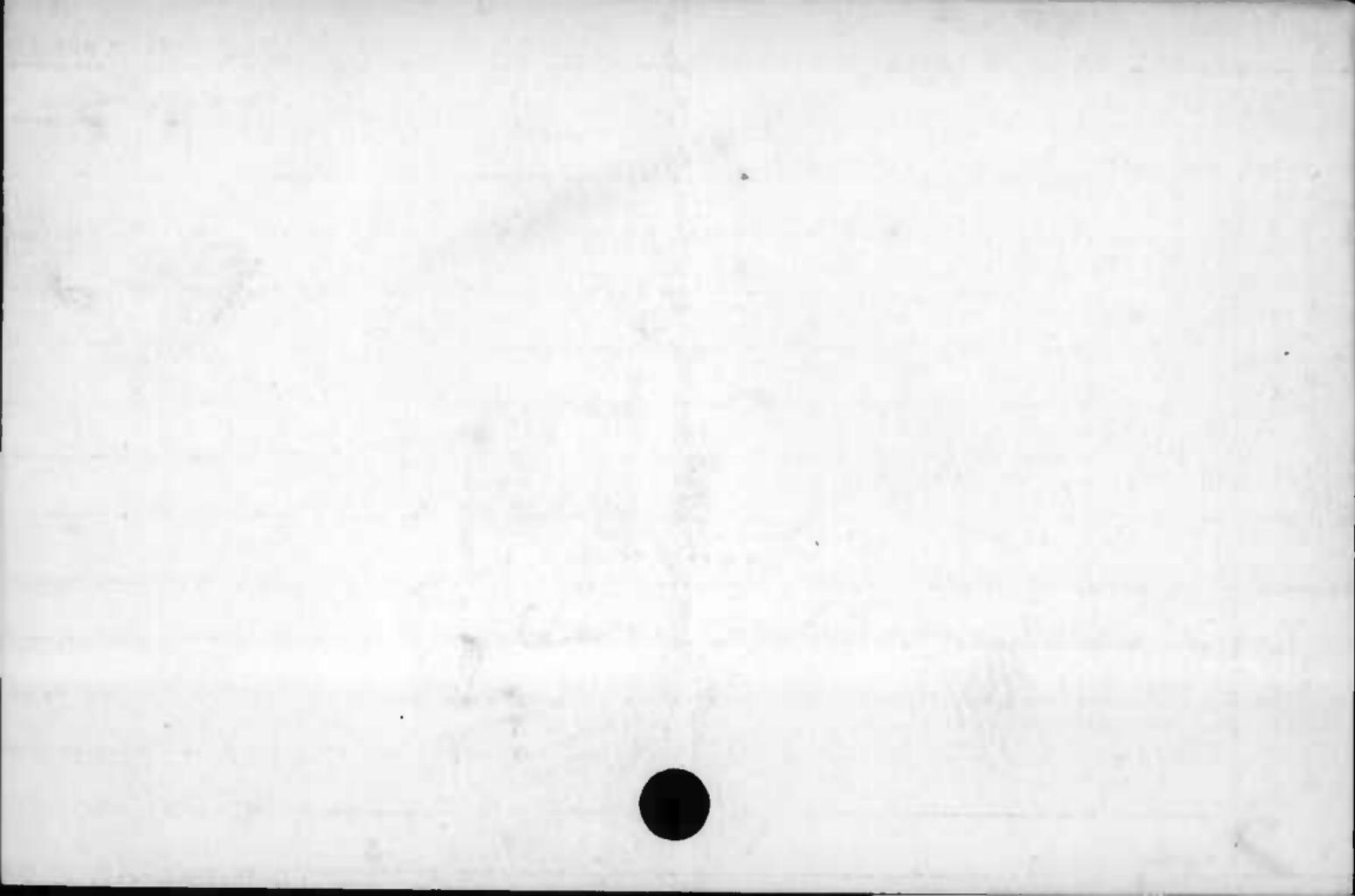
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Trenton</u>		Town <u>Baltimore</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Nov</u>	Day <u>29</u>	Age <u>72</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md.</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Housewife</u>				
Name of Wife or Husband <u>Iabely H Cole</u>					
Father's Name <u>Richard B Fowble</u>	Father's Birthplace <u>Mel</u>				
Mother's Maiden Name <u>Ruth Murray</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Husband</u>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Complications</u>	How long <u>six months</u>
Immediate <u>Paralysis</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>James H Wilson M.D.</u>
	Address <u>Fowblesburgh Md</u>
Accident or Suicide? <u>✓</u>	



Name
in
Full

Brother Columbanus.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Died at St. Mary's Md. School		County	Baltimore Co	
Date of death	Month Nov	Day 1	Years Age 84	Months —	Days X
Sex	Male	Color or Race	colored	Birth- place	Ireland
Occupation	Member of Lazarist order		Where Residing if not at place of death	as above	
Married, Single or Widowed	Single	Name of Wife or Husband	X		
Father's Name	Unknown			Father's Birthplace	Ireland
Mother's Maiden Name	Unknown			Mother's Birthplace	Ireland
Name of person giving Information	At Stanton M. W			How related to deceased	—

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Bronchitis (91) How long
Several years
Immediate Resulting age infirmities How long
—

Are the name, age, sex, color, date
and place correctly given above?

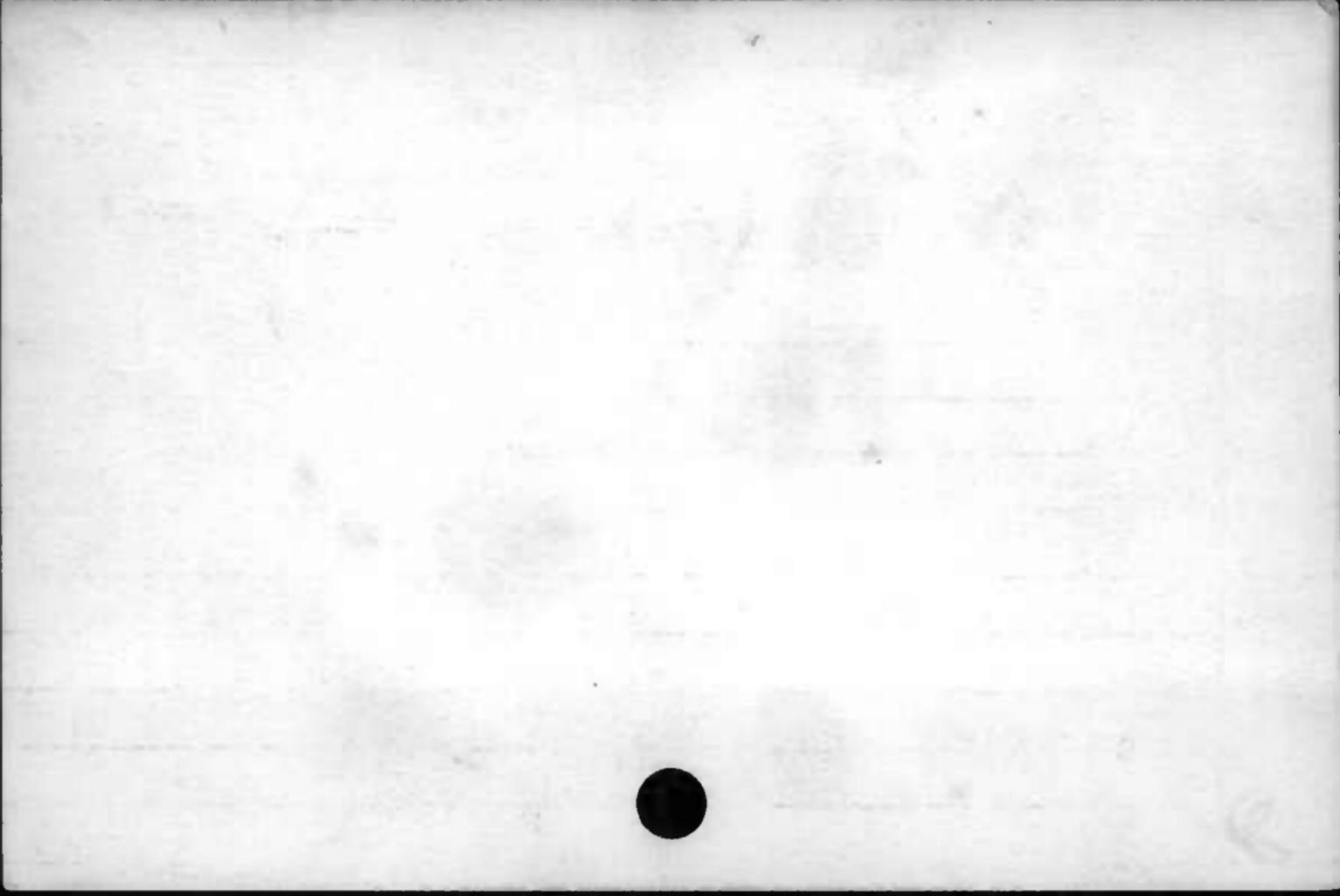
yes

Signature of
Physician

A. Clayton

Address Attending Physician of School
1136 W. Lexington St
Baltimore

Accident or Suicide?



Name
in
Full

Wm Lauer a Lawyer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Died at		Town	County		MARYLAND	
Died at	Pikesville	Baltimore				
Date of death	1906	Month	11	Day	1	Years
				Age	31	Months
					9	Days
Sex	Male	Color or Race	White	Birth-place	Baltimore City	
Occupation	Hairdresser	Where Residing if not at place of death			Pikesville Md.	
Married, Single or Widowed	Single	Name & Address of Husband	Wm W Lawyer			
Father's Name	Henry Hoff	Father's Birthplace	Germany			
Mother's Maiden Name		Mother's Birthplace				
Name of person giving information	Wm W Lawyer	How related to deceased	Husband			

CAUSES OF DEATH

Primary

Tuberculosis

How long

(2)

How long

"

Immediate

Inflammation of pleura

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. W. Lawyer

Address

Pikesville Md.

Accident or Suicide?

Crooks -
Smoky River -

Name
in
Full

Minnie Looke

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Birth-place	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Minnie Looke
Meeraan Baetz
1906 Nov 23 14
Female Bohemian Maryland
None Indust. Home
Single Jim
Not Known
Not Known
Superintendent

CAUSES OF DEATH

21

Primary	Pulmonary Tuberculosis	How long	One Year
Immediate	Intestinal Hemorrhage	How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. W. Winship
1220 25th Street

Accident or Suicide?

Melvale Hamm.

Melvale

Nov 24-06

A S Marshall
3539 Fall Road
City

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Jane Coolahan

CERTIFICATE OF DEATH

Died at <u>Mt. St. Rose Retnrs</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1906 Nov</u>	Month <u>Nov</u>	Day <u>19</u>	Age <u>40</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place		
Occupation <u>Wife</u>			Where Residing if not at place of death <u>Baltimore</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>unknown</u>			Father's Name <u>unknown</u>	Father's Birthplace	<u>unknown</u>
Mother's Maiden Name <u>"</u>			Mother's Birthplace			<u>"</u>
Name of person giving Information <u>Reed. Mt. St. Rose</u>			How related to deceased			<u>not at all</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Melancholia

(6)

How long

5 or 6 weeks

Immediate

Cardiac Paralysis

How long

sudden

Are the name, age, sex, color, date and place correctly given above?

Yes

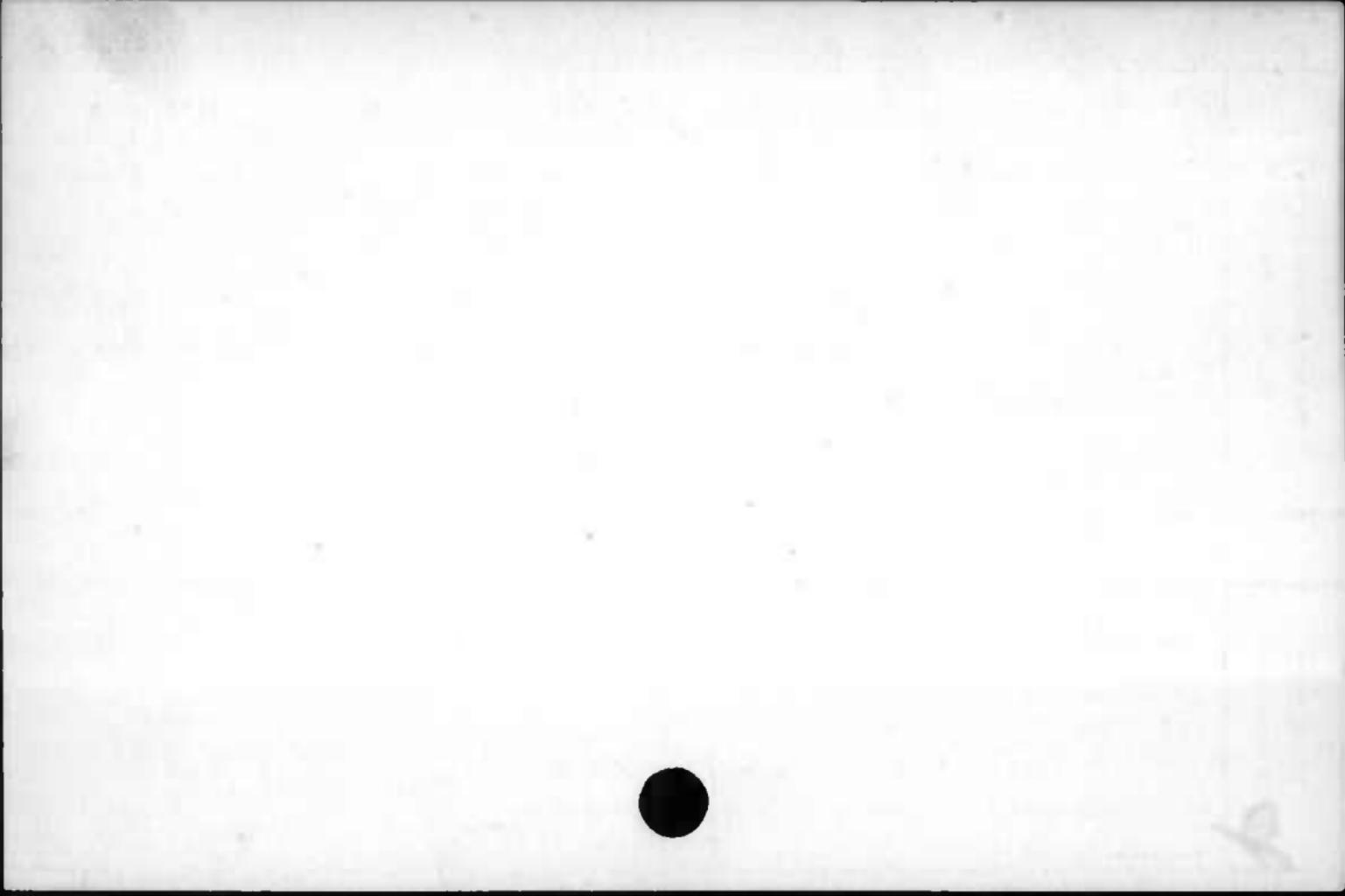
Signature of Physician

Frank J. Flannery M.D.

Address

Mt. St. Rose Retnrs
Baltimore County

*Accident or Suicide?



Name
in
Full

Katharia Cooper

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	Joshua cooper		Father's Birthplace			md
Mother's Maiden Name	Emma Single		Mother's Birthplace			md
Name of person giving information	Joshua cooper		How related to deceased			Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Traumatic

How long

15 day

Immediate

(5)

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Overland
Rossview Md

g

Accident or Suicide?

1900 - 1910 years

Name
In
Full

Dead born child Quintina + Annie Brocc

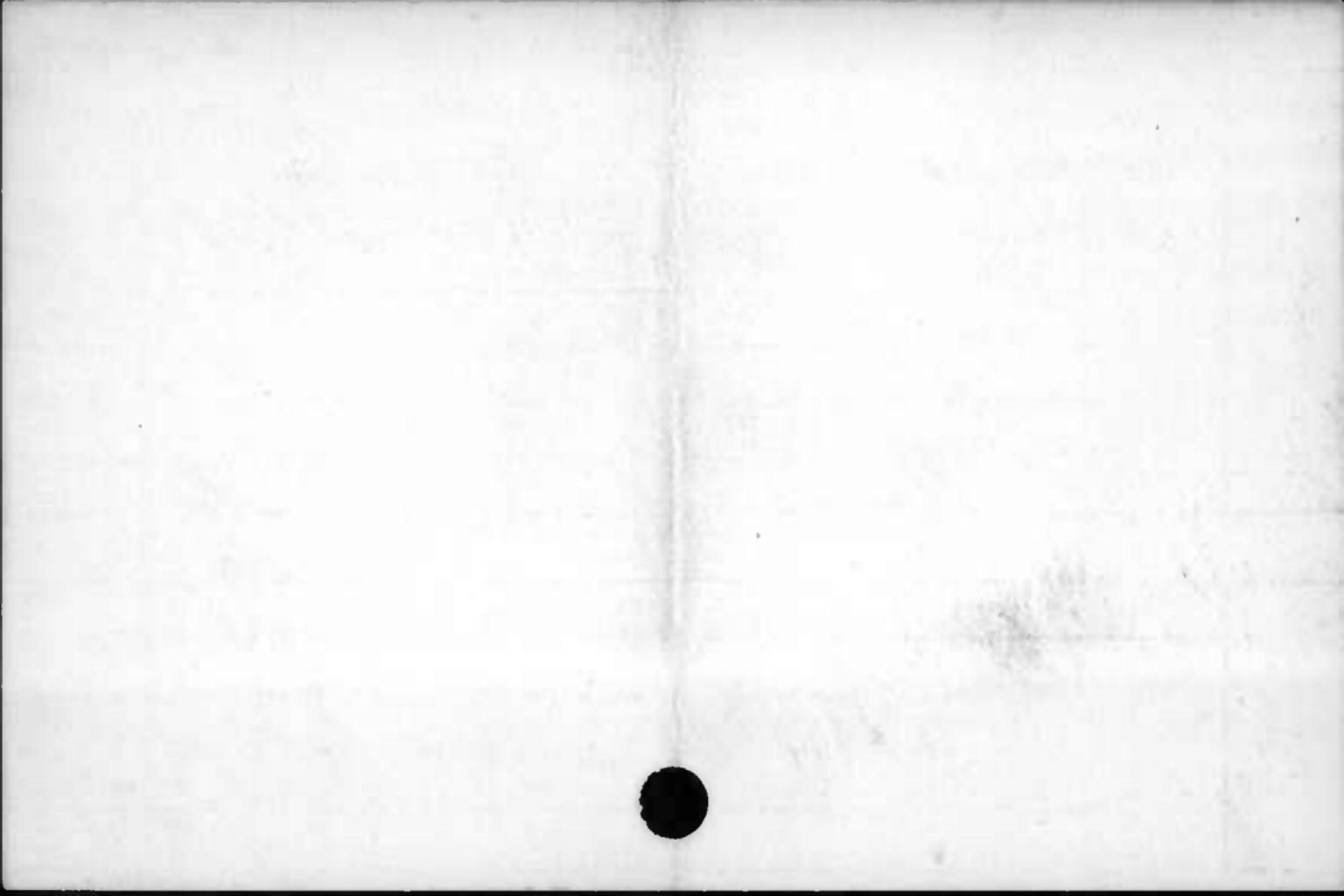
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	male	Color or Race	white	Birth-place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Quintina Broc -		Father's Birthplace	Italy	
Mother's Maiden Name	Annie Beh		Mother's Birthplace		
Name of person giving Information	Mother		How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Premature Birth	How long	-
	Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C.V. Athey,	
		Address	2 Hudson St. Syke	
Accident or Suicide?				



Name
in
Full

Lillian C Crum

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fulterton</u>		Town	County <u>Baltimore</u>	MARYLAND		
Date of death <u>1906 Dec.</u>	Month	Day <u>1.</u>	Age <u>2</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race	<u>white</u>		Birth-place <u>X</u>		
Occupation	Where Residing if not at place of death <u>Lovetown Geo S. Crum</u>					
Married, Single or Widowed	Name of Wife or Husband		<u>Geo S. Crum</u>			
Father's Name	<u>Geo S. Crum</u>		Father's Birthplace			<u>Baltimore Md</u>
Mother's Maiden Name	<u>Lena</u>		Mother's Birthplace			<u>✓</u>
Name of person giving information	<u>Geo S. Crum</u>		How related to deceased			<u>Father</u>

CAUSES OF DEATH

Primary	<u>Jaundice - Bronchitis Acute Pneumonia</u>		How long	<u>Several weeks</u>
Immediate	<u>Weakened (Failure of Vital Forces)</u>		How long	<u>Several days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Lingard J. Whitford</u>	
<u>Yes</u>		Address	<u>Fulterton, Md.</u>	
In best of my knowledge:				
Accident or Suicide? _____				

PHYSICIAN
OR CORONER

F. B. Murchison

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Miss Gertrude de Monteiro

CERTIFICATE OF DEATH

Died at Sudbrook Park

Town Baltimore
County Baltimore

MARYLAND

Date of death 1906 Month Nov Day 26

Years 94 Months 5 Days 12

Sex female

Color or Race

white

Birth-place Baltimore City

Occupation

Where Residing if not
at place of death Sudbrook Park

Married, Single
or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information Mr Wm Howard

How related to deceased Fried

CAUSES OF DEATH

Primary

Senility-

(154)

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

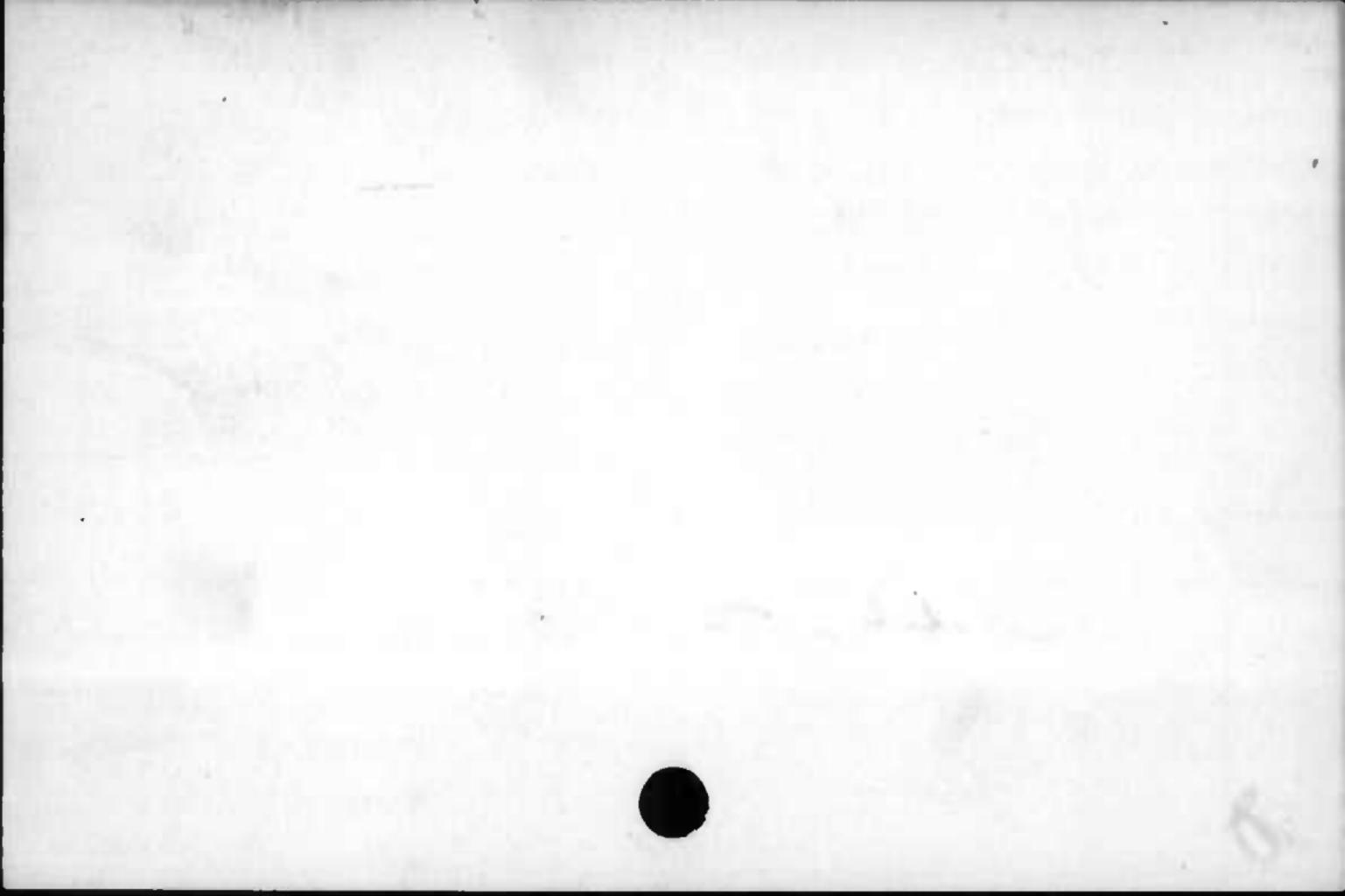
N Louis Taylor
Pikesville

md

Accident or Suicide?

PHYSICIAN
OR CORONER

J



Name
in
Full

Herman Denker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1906	Nov	3	52	9	21	
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Where Residing if not at place of death		13 O'Donnell St.			
Married, Single or Widowed	Married	Name of Wife or	Anna Denker			
Father's Name	Detrich Denker		Father's Birthplace	Germany		
Mother's Maiden Name	Pauline Paust		Mother's Birthplace	11		
Name of person giving information	(wife) Anna Denker		How related to deceased	Wife		

CAUSES OF DEATH

Primary

Tuberculosis - (2) How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes -

Edward Smith Jr.
528 Hanover St.
Baltimore Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

Nov. 6-1906.

Baltimore Cemetery

Zukler & Zukler

1739 E. Eager St.

Carolina Deuringer

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	11	21	59	10	7
Sex	Female	Color or Race	white	Birth-place	Germany
Occupation	Housework				
Married, Single or Widowed	Widow	Name of Wife or Husband			
Father's Name	Frank Matz				
Mother's Maiden Name	Unknown				
Name of person giving information	Emma Deuringer				
CAUSES OF DEATH					
Primary	Uterine carcinoma				
Immediate	Exhaustion				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			Dr. F. A. Glantz		
			Address		
			41 Eastern Ave.		

A. Pink

Name
in
Full

John Southern Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	male	Color or Race	white
Occupation	Manager		
Married, Single or Widowed	married	Name of Wife or Husband	Where Residing if not at place of death
Father's Name	Joseph A. Dorsey		
Mother's Maiden Name	Amanda F. Mitchell		
Name of person giving Information	Mrs Wm. E. Harden		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's Disease

(20)

How long

Immediate

Phenamine Poisoning

Coma

—
24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Joseph B. Webster M.D.
Raspeburg Md.

Accident or Suicide?

Esteraven

Loudon Pk. cent.

Ged M. Grammer
undertaken

Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ruth R. Duglton

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Joseph L Duglton				
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					

Widow Joseph L Duglton
L E. Rueel Warren
Ruth R Rueel Warren
Mr Ennis Daughter
120

CAUSES OF DEATH

Primary: Chronic Bright Disease + Second Mys.
Immediate: Cerebral

Are the name, age, sex, color, date and place correctly given above?

Yes

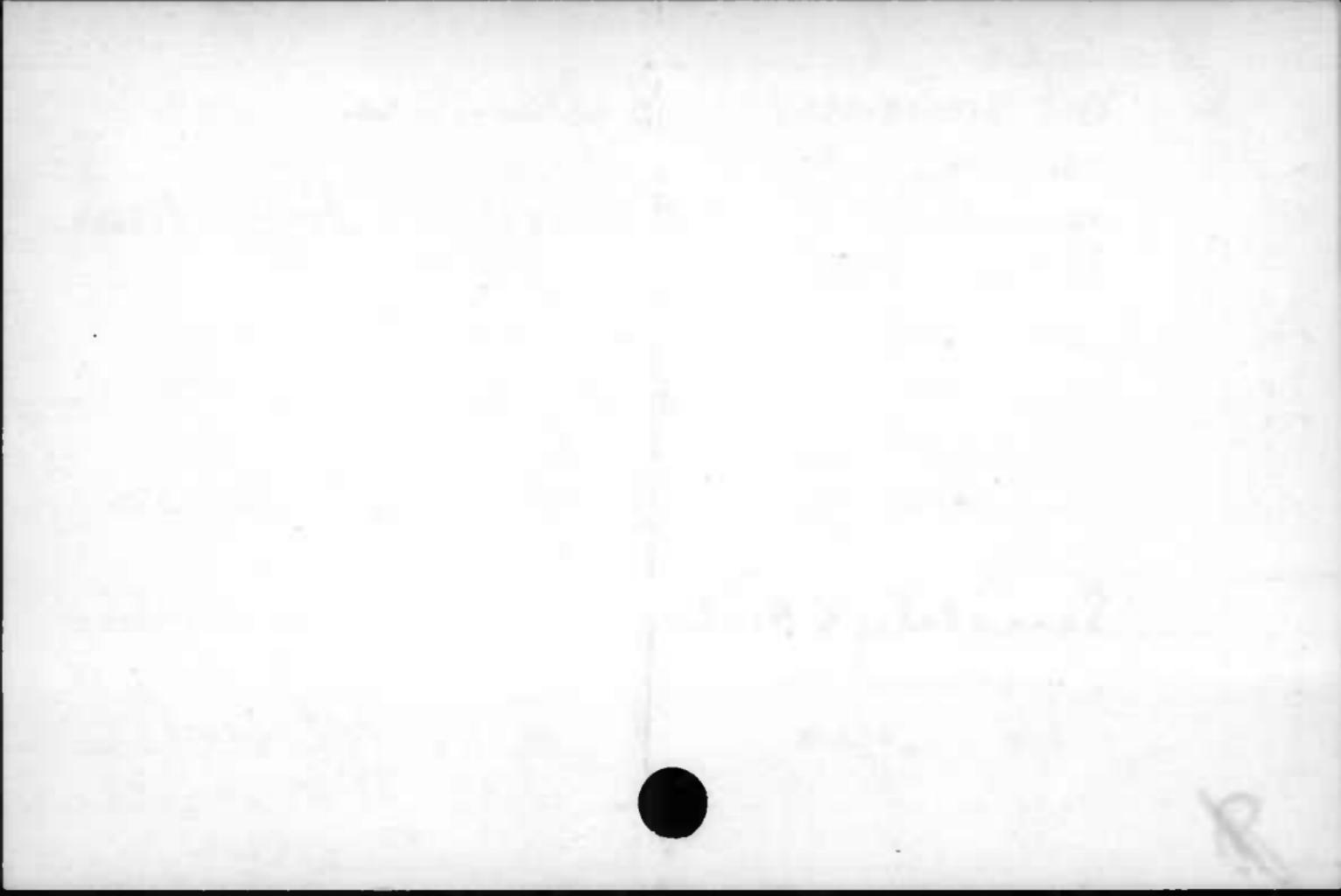
Signature of Physician

Address

B. F. Bussey
Texas Md.

8

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

James Dauney				CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	male	Color or Race	Age	70		
Occupation	Steamster	Where Residing if not at place of death	Lucy Fowen			
Married, Single or Widowed	married	Name of Wife or Husband	Father's Birthplace	Henry Bluckburn		
Father's Name	—	Mother's Maiden Name	Mother's Birthplace	Stop soon		
Name of person giving information			How related to deceased	(93)		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Sensitivity & Pastice Asthma

How long

6 months

Immediate

Pneumonia

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. V. Black
Mt. Womans.

Accident or Suicide?

md.

Mr. Hooper
Mt Auburn Cemetery

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William Dinty				CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND			
Date of death 190	Month	Day	Years	Months	Days	
Sex	male	Color or Race	Age 74	Birth- place		
Married, Single or Widowed			Occupation	Retired		
Name of Wife Husband	Annie E. Dinty					
Father's Name				Father's Birthplace		
Mother's Maiden Name	Mary Dinty			Mother's Birthplace		
Name of person giving information	Mrs. Annie E. Dinty			How related to deceased	wife	

CAUSES OF DEATH

Primary

Organic heart disease

How long

not known

Immediate

How long

not known

Are the name, age, sex, color, date
and place correctly given above?

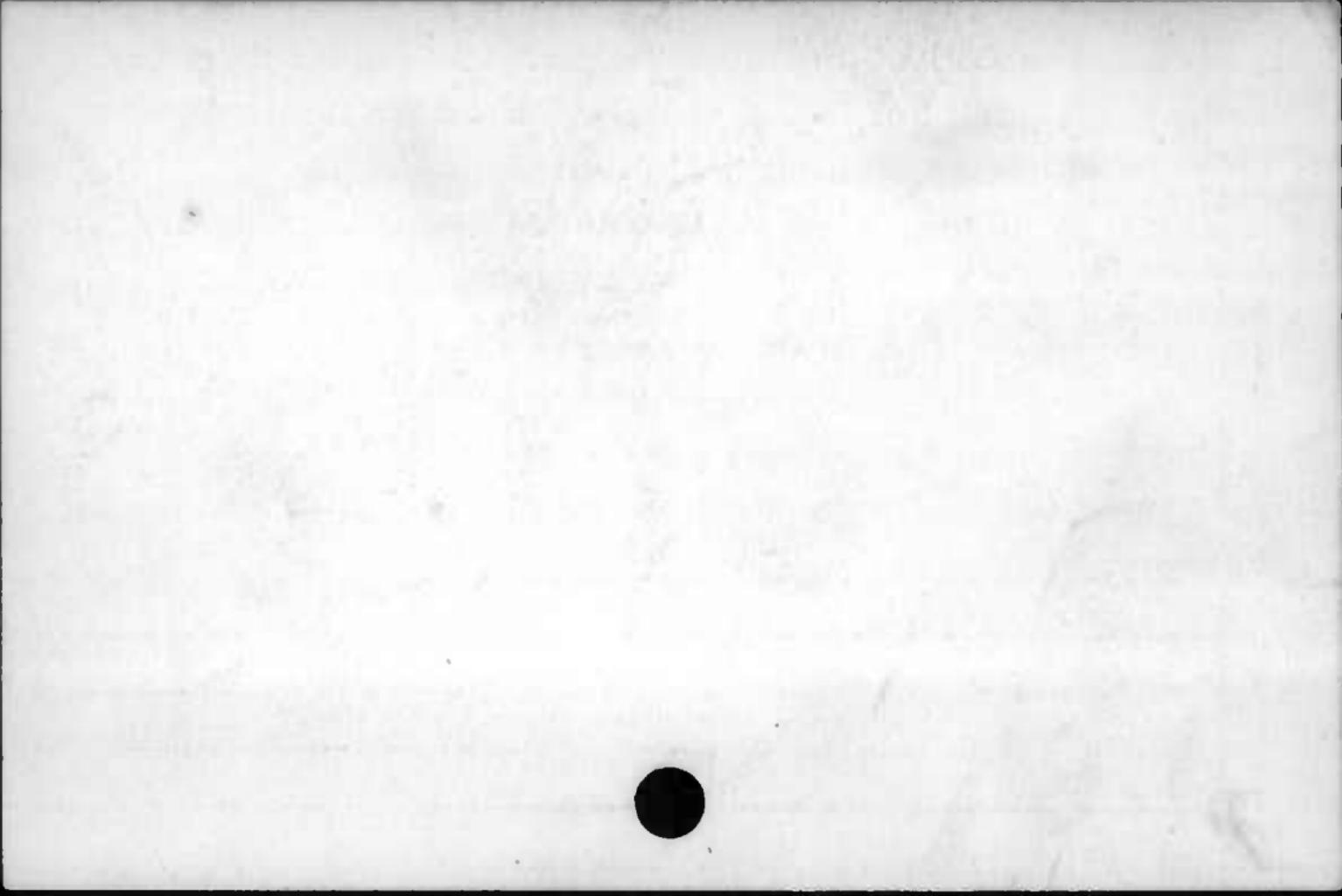
Signature of
Physician

Address

J.W. S. Green
Green Settings

Accident or Suicide?

g



Name
in
Full

Letzia Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Baltimore, Md.		County	MARYLAND	
Died at	1 orantown	Month	Year	Months	Days
Date of death	1906	Month	11	Age	41
Sex	Female	Color or Race	Colored	Birth-place	Va.
Occupation	Domestic		Where Residing if not at place of death	1 orantown	
Married, Single or Widowed	Married	Name of Wife or Husband	James Edwards	Father's Birthplace	Va.
Father's Name	Samuel Saunders		Unknown	Mother's Birthplace	Va.
Mother's Maiden Name	Unknown		James Edwards	How related to deceased	Husband
Name of person giving information					

PHYSICIAN
OR CORONER

Primary

Acute Nephritis

(19)

How long

About 6 weeks

Immediate

Diarrhea

How long

about a week

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Roll 9 Edwards
424 - East 23 Sts.

Accident or Suicide?

Montgomery Young Town

H.B. Rye

102 Esquulberetum

Name
in
Full

Mary Ann Edwards.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Sherwood	Baltimore		Months	Days
Date of death	Month	Day	Years	
1906 now		17 th	Age	70
Sex	Female	Color or Race	White	Birth-place
Occupation	House-wife			Where Residing if not at place of death
Married, Single or Widowed	Name of wife or Husband	Charles Edwards		
Father's Name	—			Father's Birthplace
Mother's Maiden Name	Mary Ackers.			Mother's Birthplace
Name of person giving information	William O. Edwards			How related to deceased
Son.				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age.	
Immediate	Aptitude accompanying Drugs	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	Boeto. Co. Md.	

(23)

G. J. Haeker

723. N Lafayette
Baltimore

To Frostm Cemetery

Name
in
Full

Henry Ehret
Bayview

11/3/11

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore County		MARYLAND	
Date of death	Month	Day	Age	Years	Months
Sex	Color or Race	Days			
Occupation	Male.	White	Birth-place	Baltimore	
Married, Single or Widowed	Single	Name of Wife or Husband	Where Residing if not at place of death	Baltimore City	
Father's Name	(166)				Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving Information	Lamar Holiday				How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Suit Dural Hernia Lgr.

How long

About 36 hrs

How long

Immediate

Hernia of lungs & Bronchi purumonia about 36 hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of
Physician

Address

David A. Thompson

1500 Highland Ave.

Baltimore 6-7714

C

Accident or Suicide?

Accident

Burial at Westview
Cemetery.

Nov 18/06. —

Wm Cook
507 E. North Ave.

Name
in
Full

Marie D. Ehlert.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death		Residence & place of death			
Married, Single or Widowed	Name of Wife or Husband	George Ehlert.				
Father's Name	Dort Knuw		Father's Birthplace		Germany	
Mother's Maiden Name	Dort Knuw		Mother's Birthplace		Germany	
Name of person giving information	Wm L. Smith		How related to deceased		Son in Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

(154)

How long

Some years

Immediate

Extreme debility

How long

3 Months

Are the name, age, sex, color, date and place correctly given above?

yes

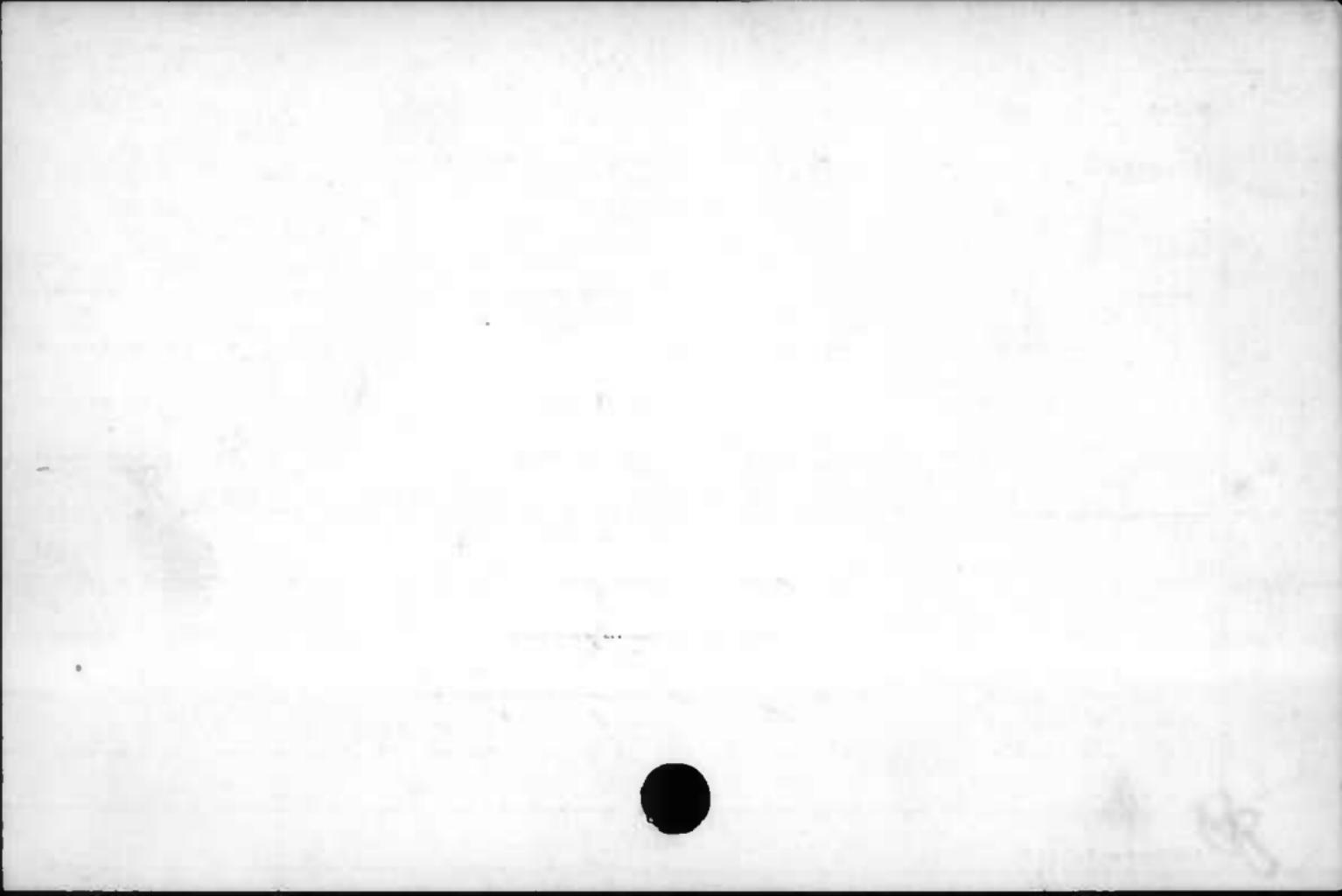
Signature of Physician

Address

Frank E. Denner & Mfg.
721 Columbia Ave.

8

Accident or Suicide?



Name
In
Full

Fisher

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at near Alberton	Town	Fisher		County		MARYLAND	
Date of death 1906	Month Nov.	Day 21	Years —	Age —	Months —	Days 2	
Sex Male	Color or Race Colored	Birth-place Baltimore Co., Md.					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name George Fisher	Father's Birthplace Ridgewood, N.J.						
Mother's Maiden Name Blaizy Hamilton	Mother's Birthplace Frederick, Md.						
Name of person giving information	Olsie Fisher	How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth

(5)

How long

7 months.

immediate

Inanition

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

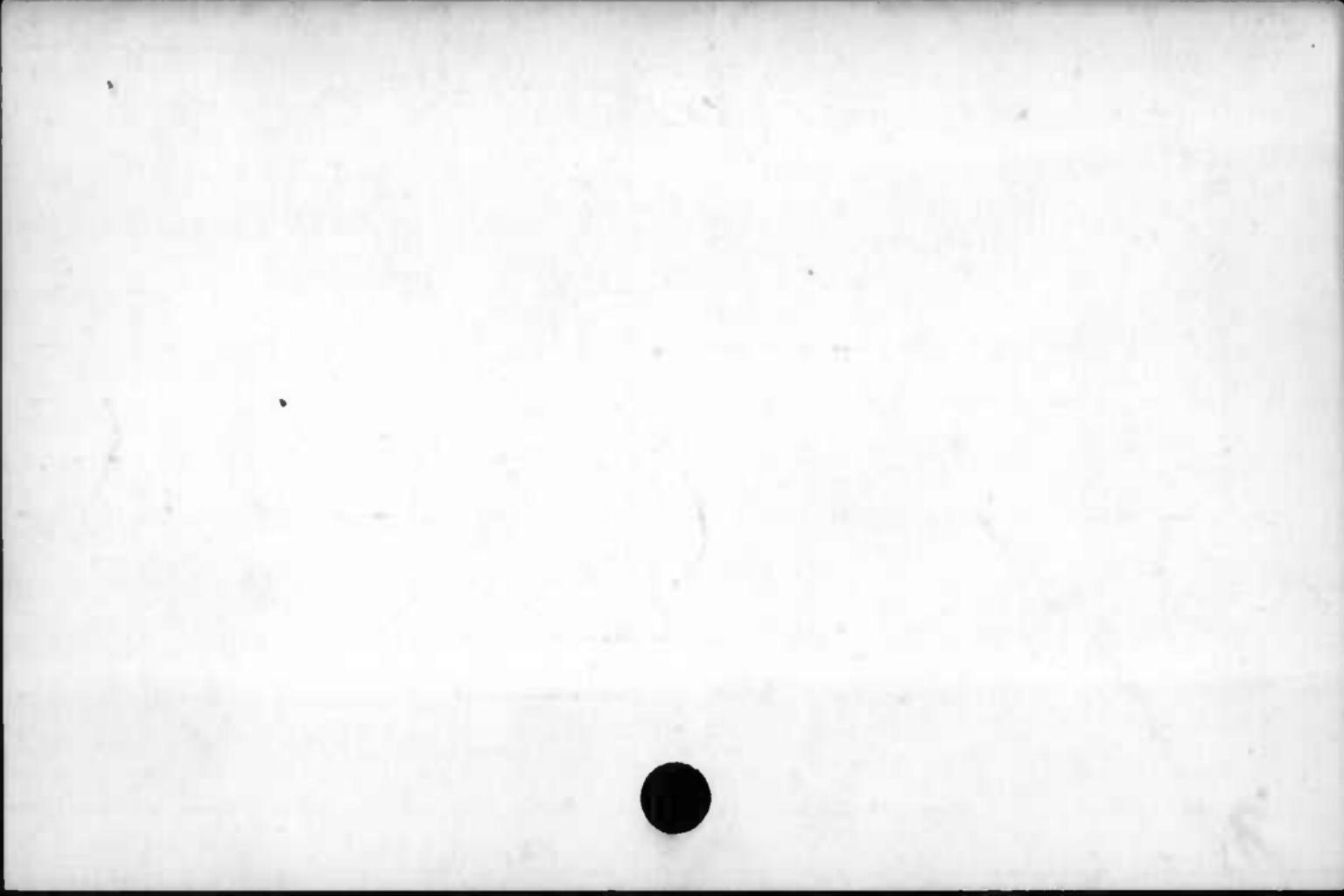
Signature of Physician

Address

Blair Hamillie
Alberton, Md.

8

Accident or Suicide?



Name
in
Full

Infant

Ford

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	John Ford		Father's Birthplace
Mother's Maiden Name	Jennie Barrett.		Mother's Birthplace
Name of person giving Information	Jessie Ford		How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Convulsions



How long

Immediate

Coma

How long

Are the name, age, sex, color, date and place correctly given above?

Yes -

Signature of Physician

Address

Wiley C. Ensor, M.D.
Cockeysville
Md.

Accident or Suicide?

To Be Known
By Emerson Price
Poppler Haven

Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Died at	Baltimore	Baltimore			
Date of death	Month	Day	Years	Months	Days
1906	Nov.	6	80	7	8 th
Sex	Female	Color or Race	White	Birth-place	Baltimore Md
Occupation	Housewife	Where Residing if not at place of death	Baltimore Md		
Married, Single or Widowed	Married	Name of Husband	Widow of Mr. Double		
Father's Name	Joshua King			Father's Birthplace	Baltimore Md
Mother's Maiden Name	Angelina Sgambati			Mother's Birthplace	Baltimore Co Md
Name of person giving information	Mrs Peter Smith			How related to deceased	Son/daughter

CAUSES OF DEATH

154

Primary	General debility of Age	How long	1 yr
Immediate	General debility of Age	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. W. Dugay M.D.
		Address	Baltimore Md
Accident or Suicide?			

Interment at Black
Rock Cemetery
Thursday June 3

W. C. Brooks

Name
in
Full

Ella Maude France

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

man	Town	County		MARYLAND	
Died <input checked="" type="checkbox"/>	Alberton	Baltimore			
Date of death	Month	Day	Years	Months	Days
1906	Nov	30	4	4	28
Sex	Females	Color or Race	White	Birth-place	Balt. Co., Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Single	James Henry France				
Father's Name	Md.				
Mother's Maiden Name	Lydia Ella Lilly				
Name of person giving Information	Lydia E. France				
How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Burns

How long

Immediate

Shock

How long

Are the name, age, sex, color, date and place correctly given above?

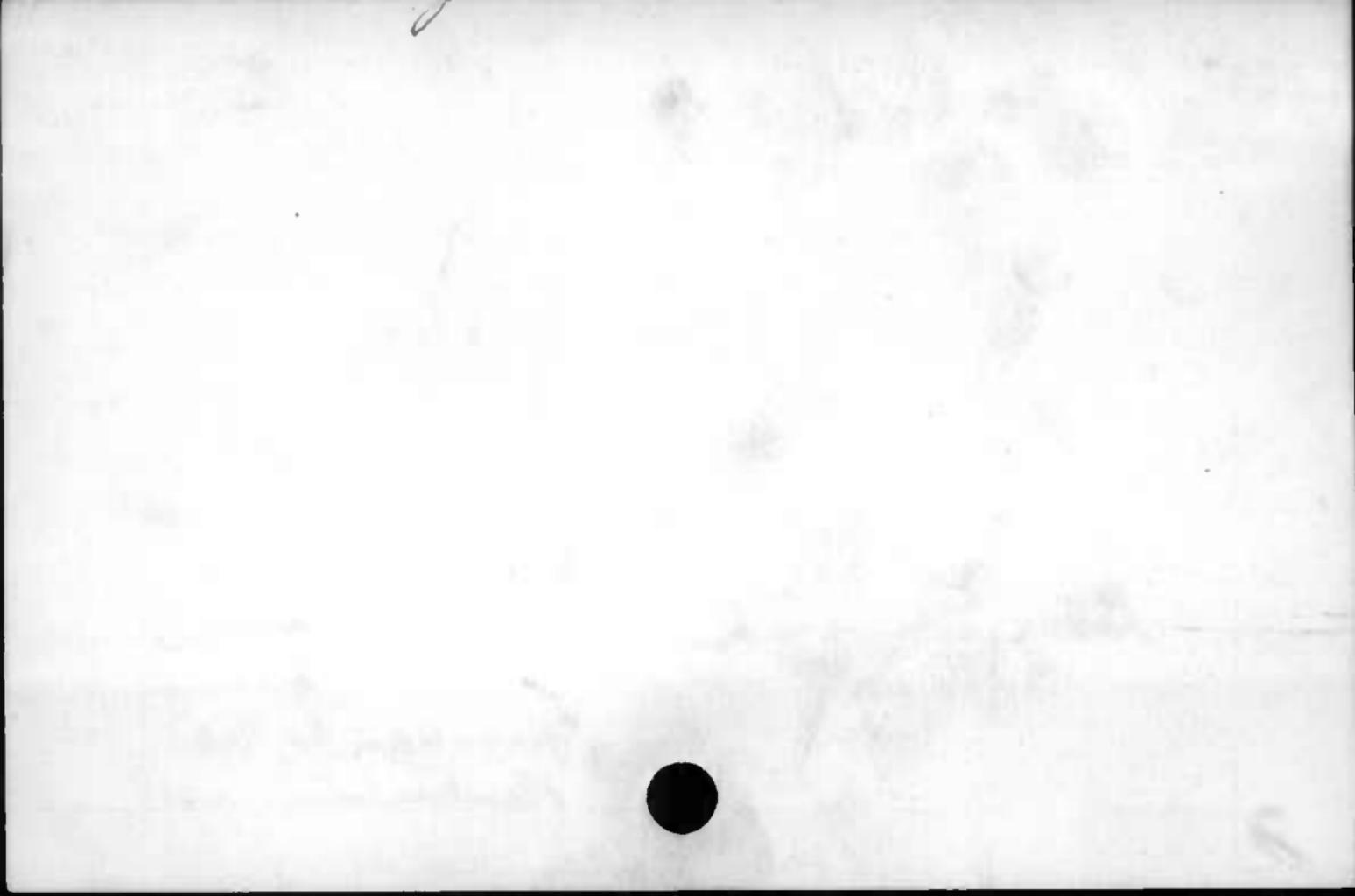
Yes

Signature of Physician

Address

16
1/2 hour
Wm. B. Gambill,
Alberton, Md.

Accident or Suicide?



Name
in
Full

Martha Franklin

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town Died at	Baltimore		County	MARYLAND	
Date of death 1906	Month Nov	Day 26	Years 48	Months —	Days —
Sex Female	Color or Race Colored	Birth-place Baltimore, Md.			
Occupation House wife	Where Residing if not at place of death				
Married, Single or Widowed married	Name of Wife or Husband Garrett Franklin				
Father's Name Jacob	Barry	Father's Birthplace Baltimore, Md.			
Mother's Maiden Name Eliza	Barney	Mother's Birthplace " " "			
Name of person giving Information Garrett Franklin	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Lobar Pneumonia

93

How long

4 days.

Immediate
Exhaustion

How long

4 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

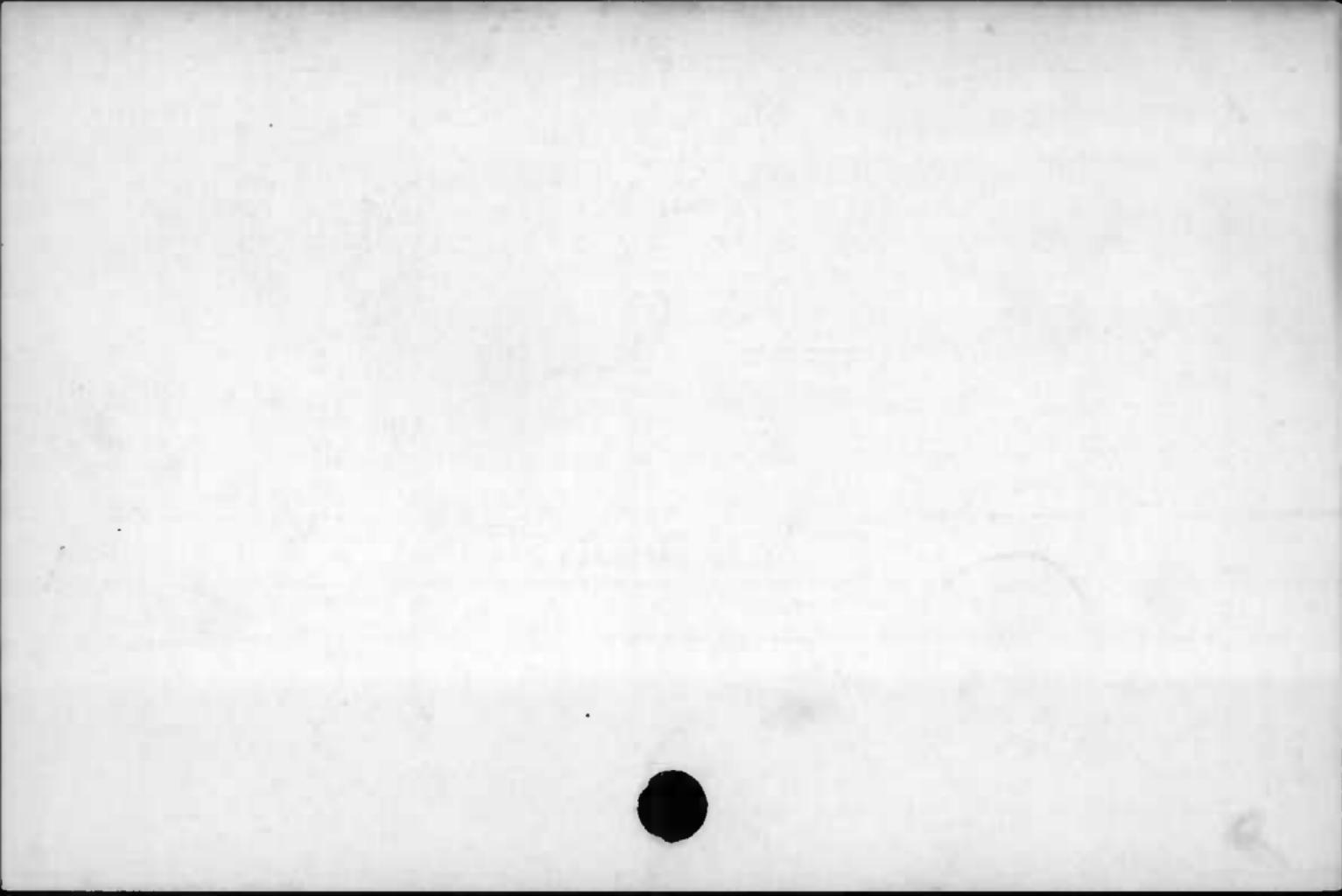
Signature of
Physician

Franklin & Co.

Address

Baltimore, Md.

Accident or Suicide?



Name
in
Full

William A. T. Franz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Date of death 1906

Month

Day

Years

MARYLAND

Occupation

Married, Single or Widowed

Color or Race

white

Birth-place

Father's Name

Mother's Maiden Name

Name of person giving information

Where Residing if not at place of death

Father's Birthplace

Mother's Birthplace

How related to deceased

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Falling Electric fit

How long

Immediate

Heart failure

Immediate

Are the name, age, sex, color, date and place correctly given above?

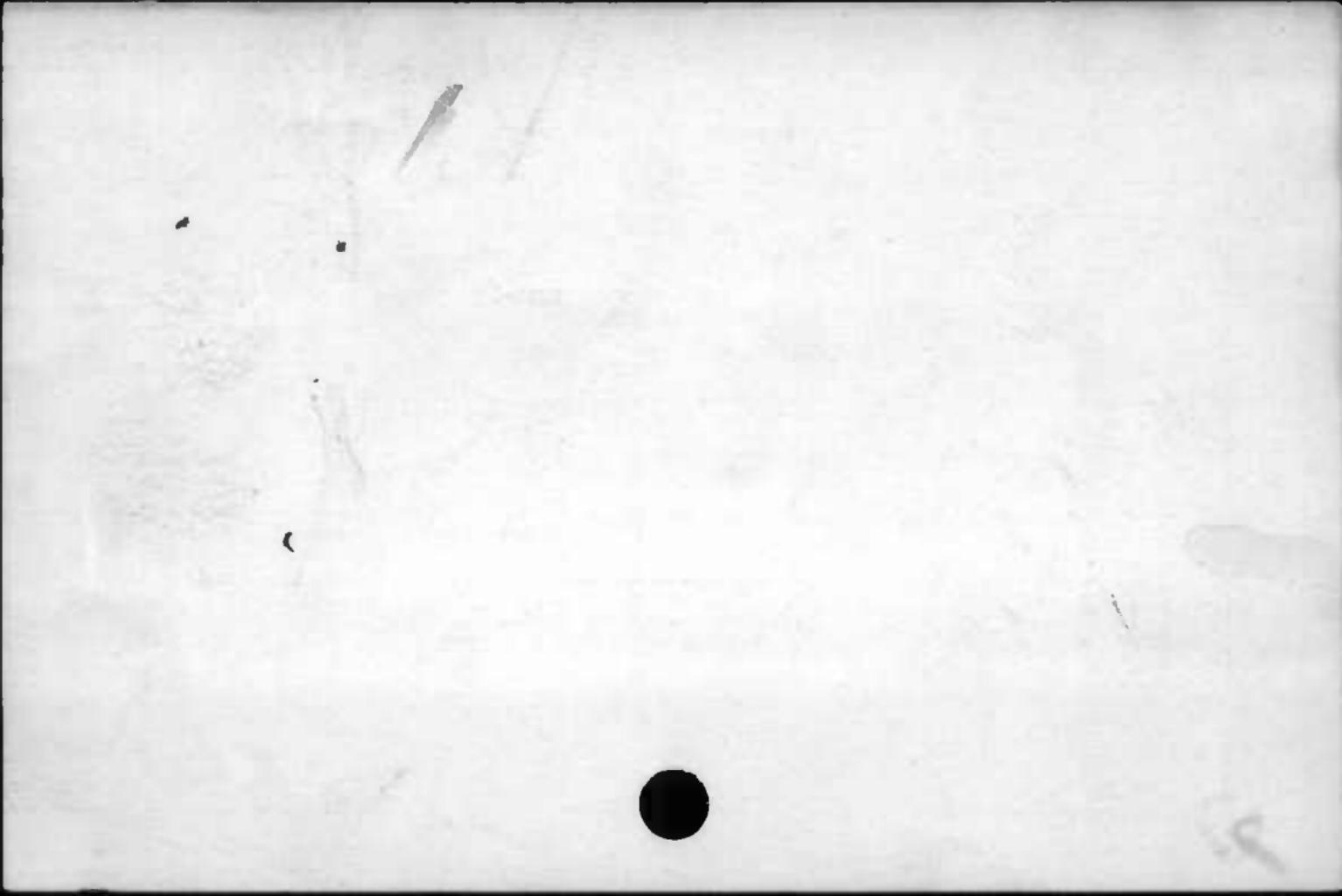
Signature of Physician

Address

August W. Miller Coroner

M. Winslow
Baltimore Md.

Accident or Suicide?



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>John Gackas</i>				CERTIFICATE OF DEATH		
Died at		Town <i>Gardenville</i>	County <i>Baltimore</i>	MARYLAND		
Date of death	1906	Month Nov.	Day 3	Years	Months	Days
Sex	Male	Color or Race	white	Age	Birthplace	<i>Gardenville</i>
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	<i>Hermann Gackas</i>			Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Maggie Bauer</i>			Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Hermann Gackas</i>			How related to deceased		

CAUSES OF DEATH

Primary

Exhaustion

How long

119

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

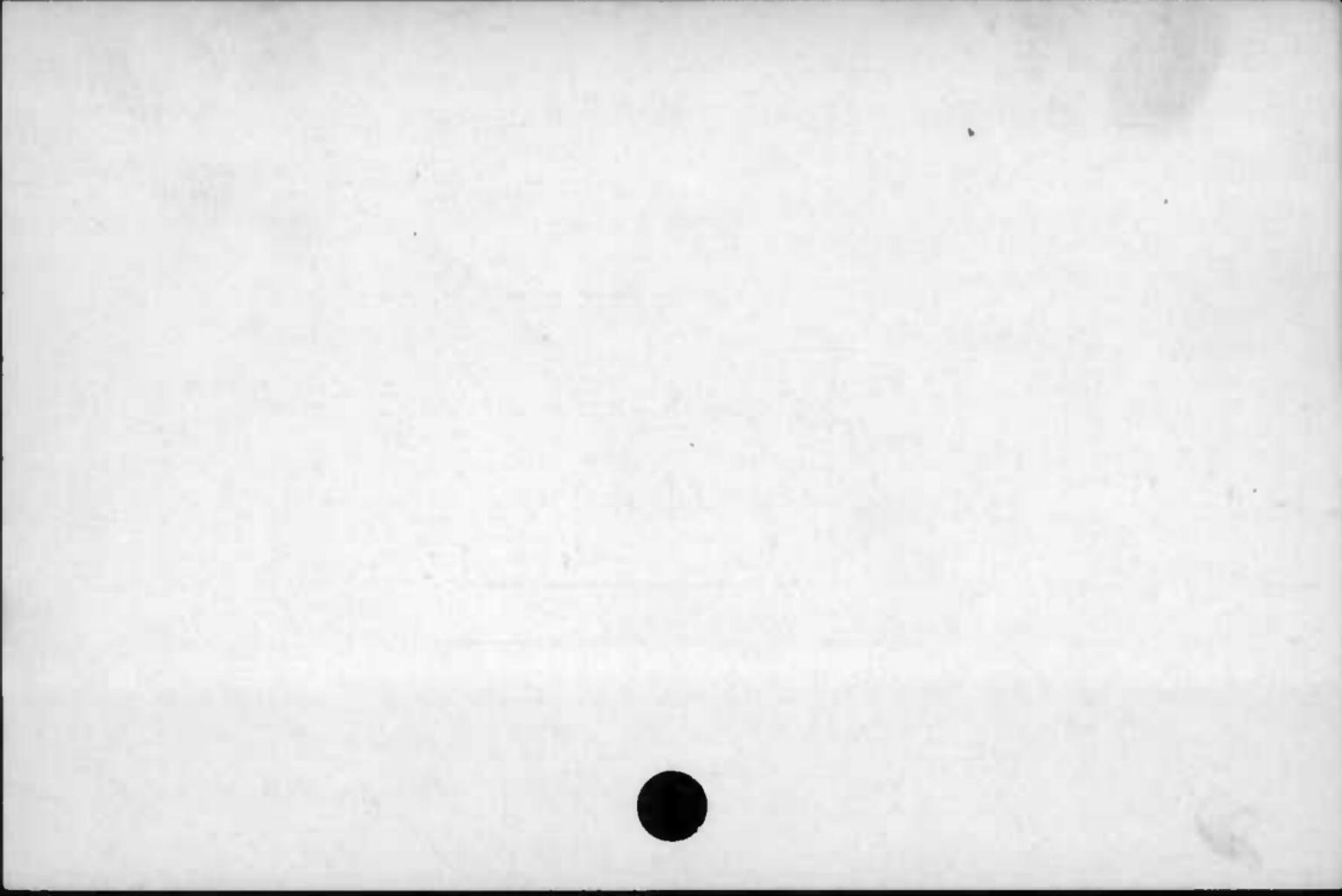
YES

Signature of Physician

Address

Hu D Case

Accident or Suicide?



Name
in
Full

Thos. Gillovy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1906	Nov	3 rd	39	not known	unknown	
Sex	Male	Color or Race	Infectious	Birth-place	Ireland	
Occupation			Where Residing if not at place of death	Baltimore Md -		
Married, Single or Widowed	Married	Name of Wife or Husband	unknown			
Father's Name	unknown		Father's Birthplace	unknown		
Mother's Maiden Name	"		Mother's Birthplace	"		
Name of person giving Information	Reed, Mr. Hope		How related to deceased	not at all -		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malaria acute -

How long
abt 6 wks

Immediate

Ex Meningitis

How long
abt 12 or 14 days

Are the name, age, sex, color, date and place correctly given above?

Yes

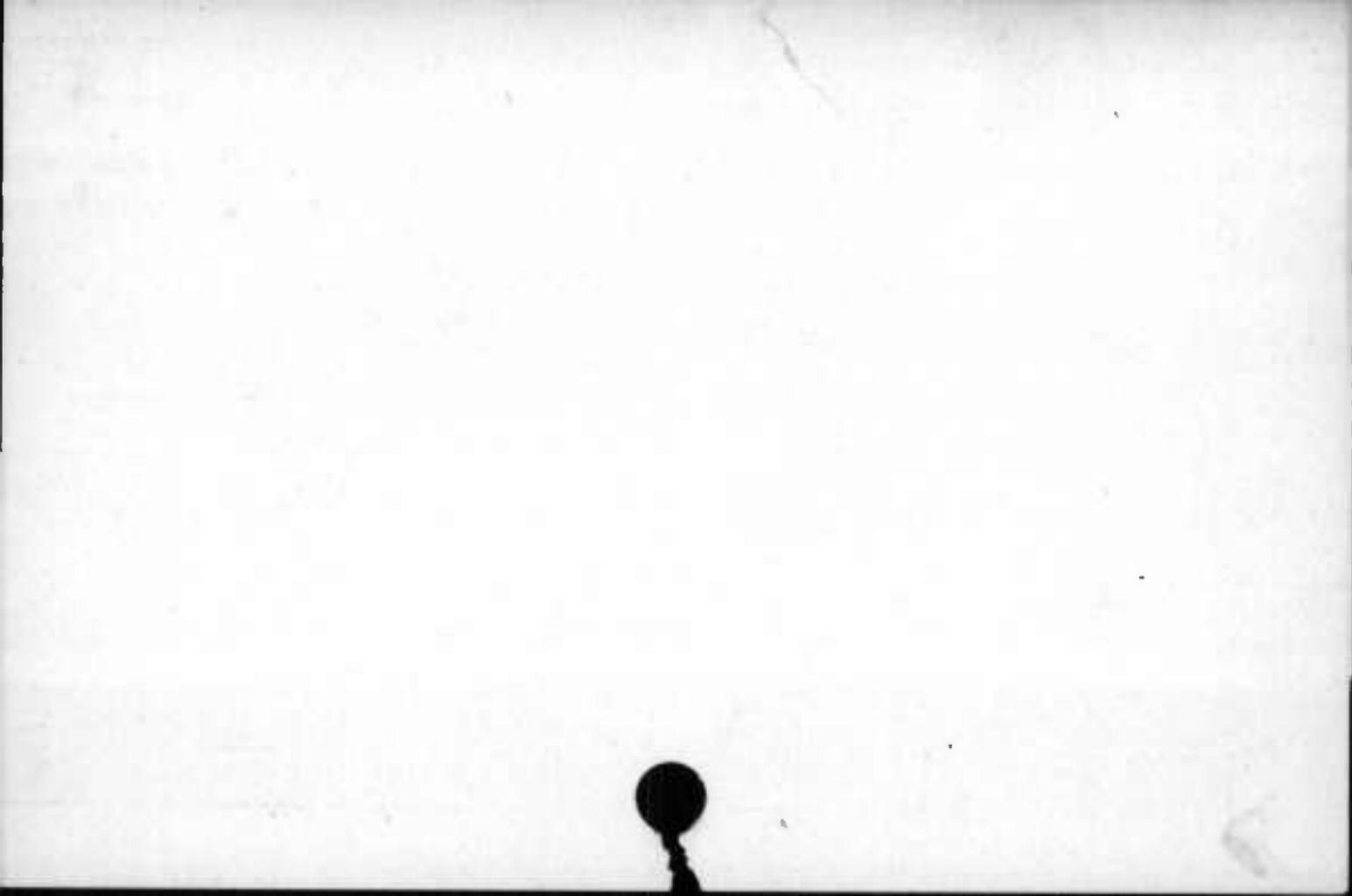
Signature of Physician

Frank J. Flannery

Address

Mt. Hope Rehman
Baltimore C.Md.

Accident or Suicide?



Name
in
Full

John P Guntz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town

County

MARYLAND

Died at

Herswood

Baltimore

Month

Day

Years

Months

Days

Date
of death 1906

Nov 29

Age 71

10

4

Sex male

Color or
Race

white

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary E Guntz

Father's
Name

Adam Guntz

Father's
Birthplace

Mother's
Maiden Name

S.K.

Mother's
Birthplace

Name of person giving
Information

Mary E Guntz

How related
to deceased

wife

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

6 hours

Immediate

Shock - Coma

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

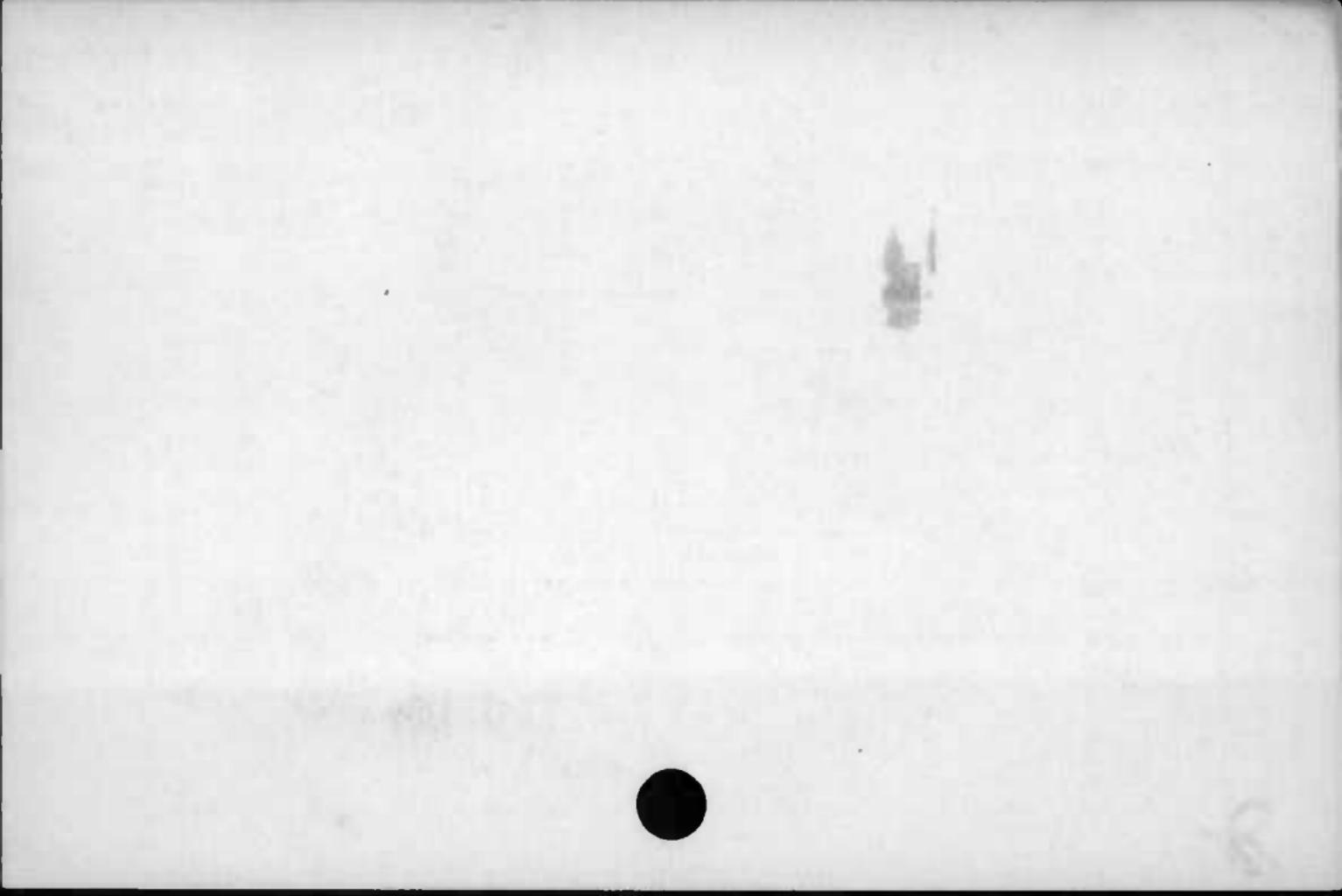
Signature of
Physician

Address

L.F. Shiple, Esq
Guntz Md

Accident or Suicide?





Name
in
Full

George S. Hall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		
North Ave		Gowans.	Balto.	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	Nov	1	Age 55	—	—
Sex	Male	Color or Race	White	Birth-place	Balto.
Occupation	Painter		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John R. Hall		Father's Birthplace	Balto	
Mother's Maiden Name	Susan A. Plummer		Mother's Birthplace	Balto	
Name of person giving information	Susan A. Hall		How related to deceased	(S)	

CAUSES OF DEATH

Primary	Erysipelas of left leg	How long	17 days
Immediate	Infected parotid gland	How long	3 "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John A. Evans
		Address	101 N. Carey St Balto Md
J			
Accident or Suicide?			

Mount Olivet

F.A. Branson & Bro.

Name
in
Full

Florence, A. Hann

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at Paradise near Catonsville Baltimore					
Date of death 1906 Nov	Month Nov	Day 2	Years 52	Months 10	Days
Sex Female	Color or Race White, American	Occupation		Baltimore	
Married, Single or Widowed Married					
Name of Wife or Husband Jacob. Hann					
Father's Name Charles. E. Gray			Father's Birthplace Baltimore		
Mother's Maiden Name Mary. E. Resse			Mother's Birthplace Baltimore		
Name of person giving information Jacob Hann			How related to deceased Husband		
CAUSES OF DEATH					
Primary Paludous disease of the heart with nephritis & general dropsy			How long about 7 months		
Immediate Convulsive convulsions			How long 15 minutes		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		G. H. Macmillan	
Yes		Address		Catonsville Baltimore Md	
Accident or Suicide?					

Der Matfeld
Fand nach spätesten
Marburg ohne

Name
in
Full

Mary Hare

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

8

Died at <u>Foerland</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Nov</u>	Day <u>15</u>	Age <u>9-14</u>	Years	Months <u>5</u>	Days <u>21</u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place	<u>Maryland</u>	
Occupation <u>Houswife</u>	Where Residing if not at place of death					<u>Sylvester Hare</u>
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sylvester Hare</u>					
Father's Name <u>Jacob R. Hampshire</u>	Father's Birthplace <u>Maryland</u>					<u>Maryland</u>
Mother's Maiden Name <u>Confort Stabler</u>	Mother's Birthplace <u>Maryland</u>					<u>Maryland</u>
Name of person giving Information <u>Sylvester Hare</u>	How related to deceased <u>Husband</u>					
CAUSES OF DEATH <u>AA</u>						
Primary <u>Mitral Stenosis - Valvular Disease.</u>						How long <u>1 Year</u>
<u>Thrombosis. Protrusion, intubation of the</u>						How long <u>15 Minutes</u>
Immediate <u>anæsthesia in the coronary arteries -</u>						

Are the name, age, sex, color, date and place correctly given above?

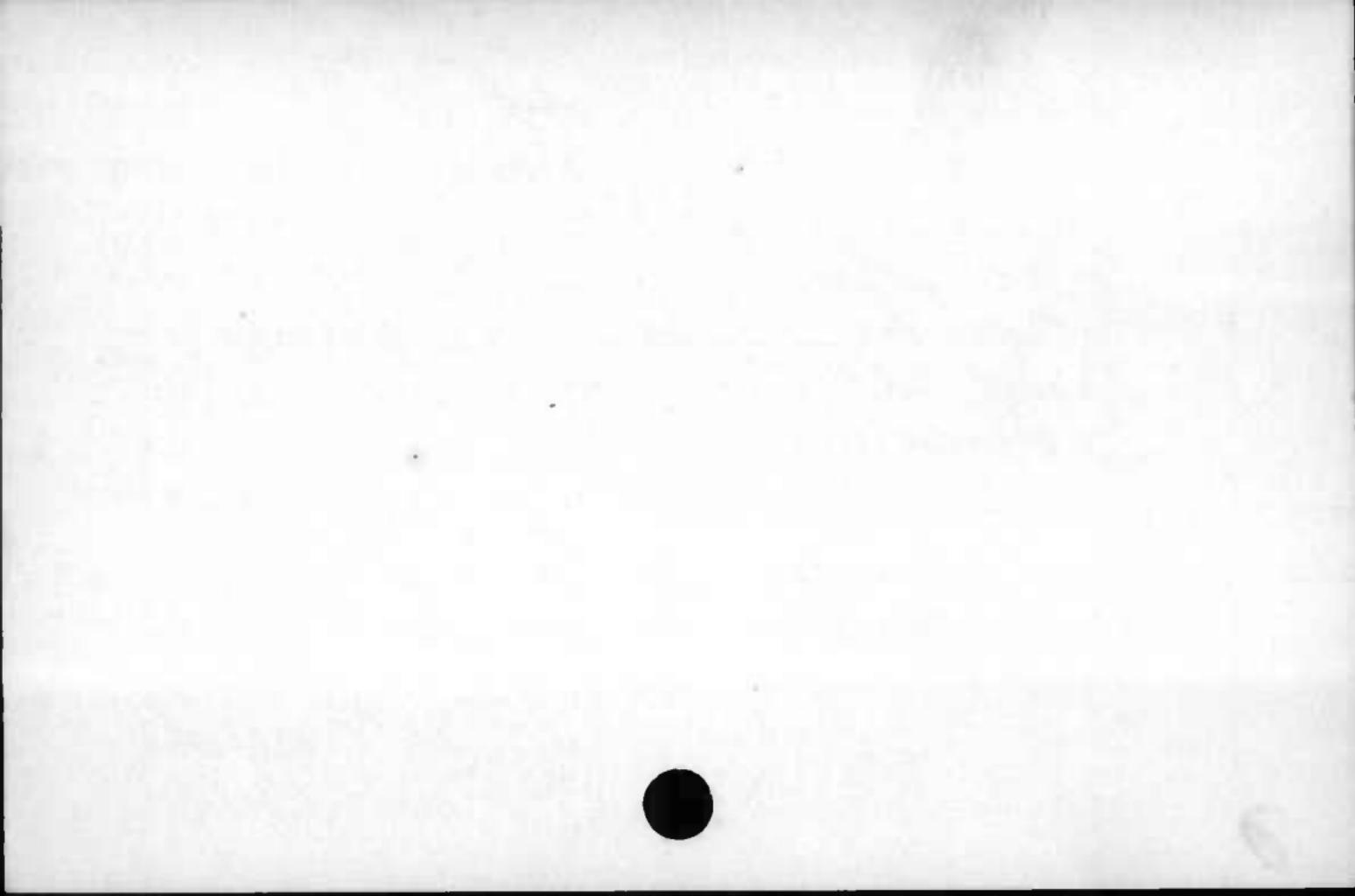
Yes

Signature of Physician

Address

Joseph D. Baedon
Foerland
Baltimore 9 Md

Accident or Suicide?



Name
in
Full

Elizabeth Atkinson Harlan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Baldwin

Town

County

Bucks

MARYLAND

Date of death 1906 Nov 1

Month

Day

Years

Age 84

Months

10

Days

9

Sex Female

Color or Race

white

Birth-place

Md

Occupation

House wife

Where Residing if not
at place of death



Married, Single
or Widowed

widowed

Name of Wife or Husband

John S. Harlan

Father's Name

David Atkinson

Father's Birthplace

Pa.

Mother's Maiden Name

Spencer

Mother's Birthplace

Pa

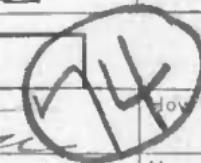
Name of person giving information

David Harlan

How related to deceased

Son

CAUSES OF DEATH



Primary

Nervous Prostration

How long

few hours

Immediate

Heart failure

How long

" "

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

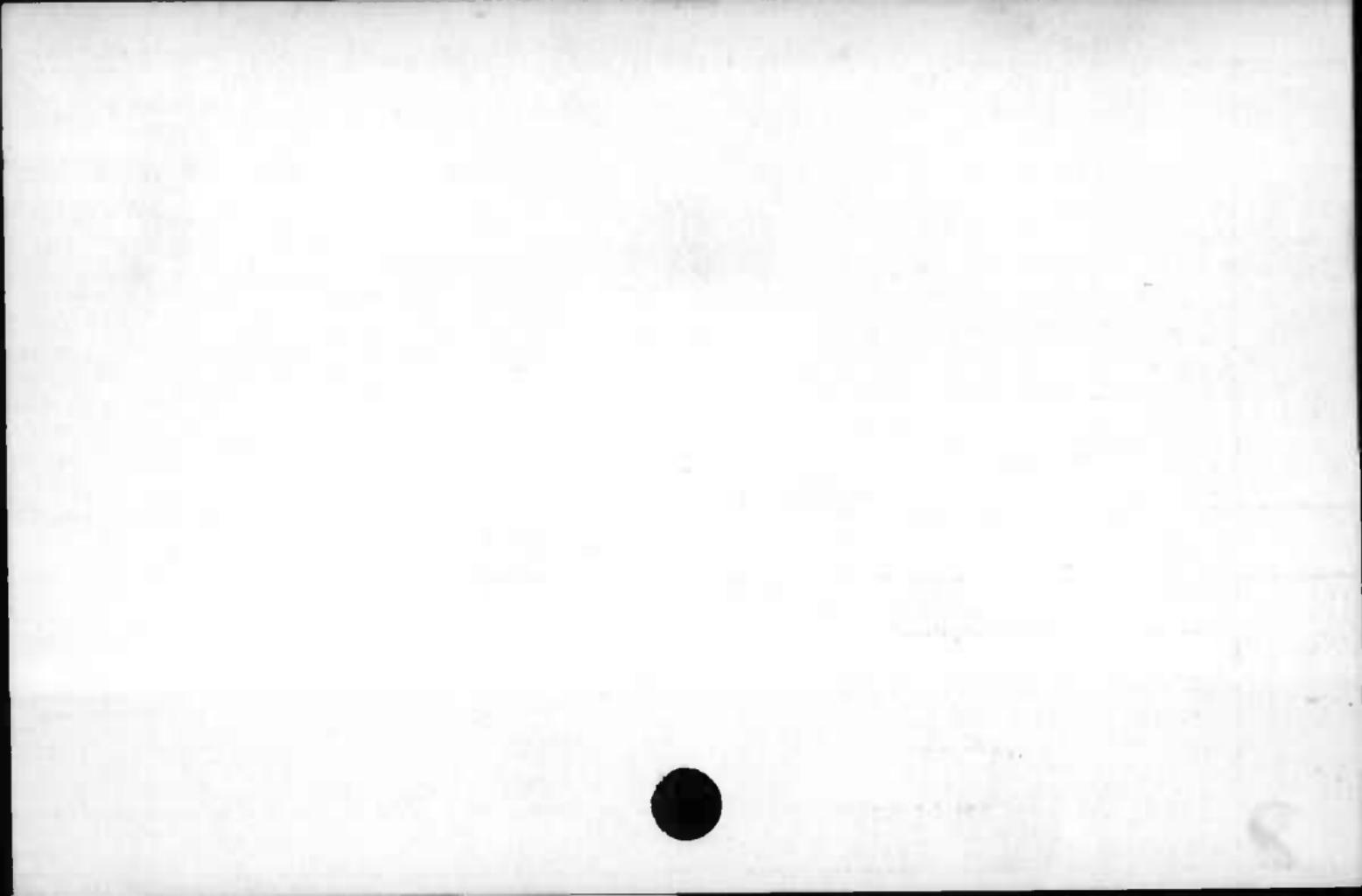
J.F.A. Gorsuch

Address

Fox Hill Md



Accident or Suicide?



Name
in
Full

Emma A Harris.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
St Agnes Hospital	Baltimore		Months	Days
Date of death	Month	Day	Age	Years
1906	Nov	9	57	4
Sex	Female	Color or Race	White	
Occupation			Where Residing If not at place of death	1207 Myrtle Ave
Married, Single or Widowed	Undivorced	Name of Wife or Husband	Michigan Harris	
Father's Name	John H. Sibley		Father's Birthplace	Philadelphia, Pa
Mother's Maiden Name	Emily Peacock		Mother's Birthplace	Baltv. City.
Name of person giving information	Deceased.		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Carcinoma Uteri. X2 How long

Immediate Pneumonia How long

Are the name, age, sex, color, date and place correctly given above?

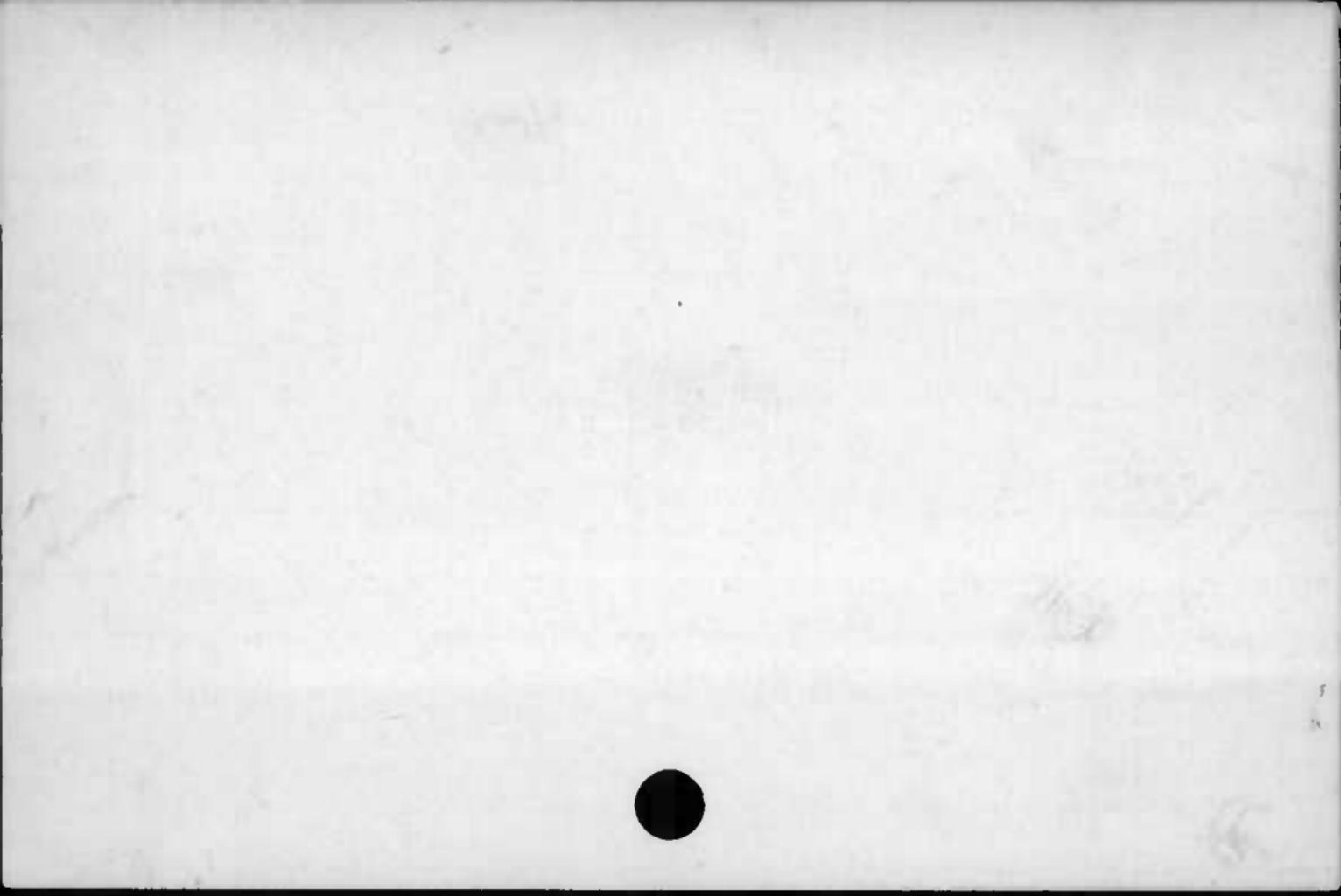
Signature of Physician

Address

J. W. Shaw
St Agnes Hospital

Accident or Suicide?

J



Name
in
Full

Irvin Ashby Stause

CERTIFICATE OF DEATH

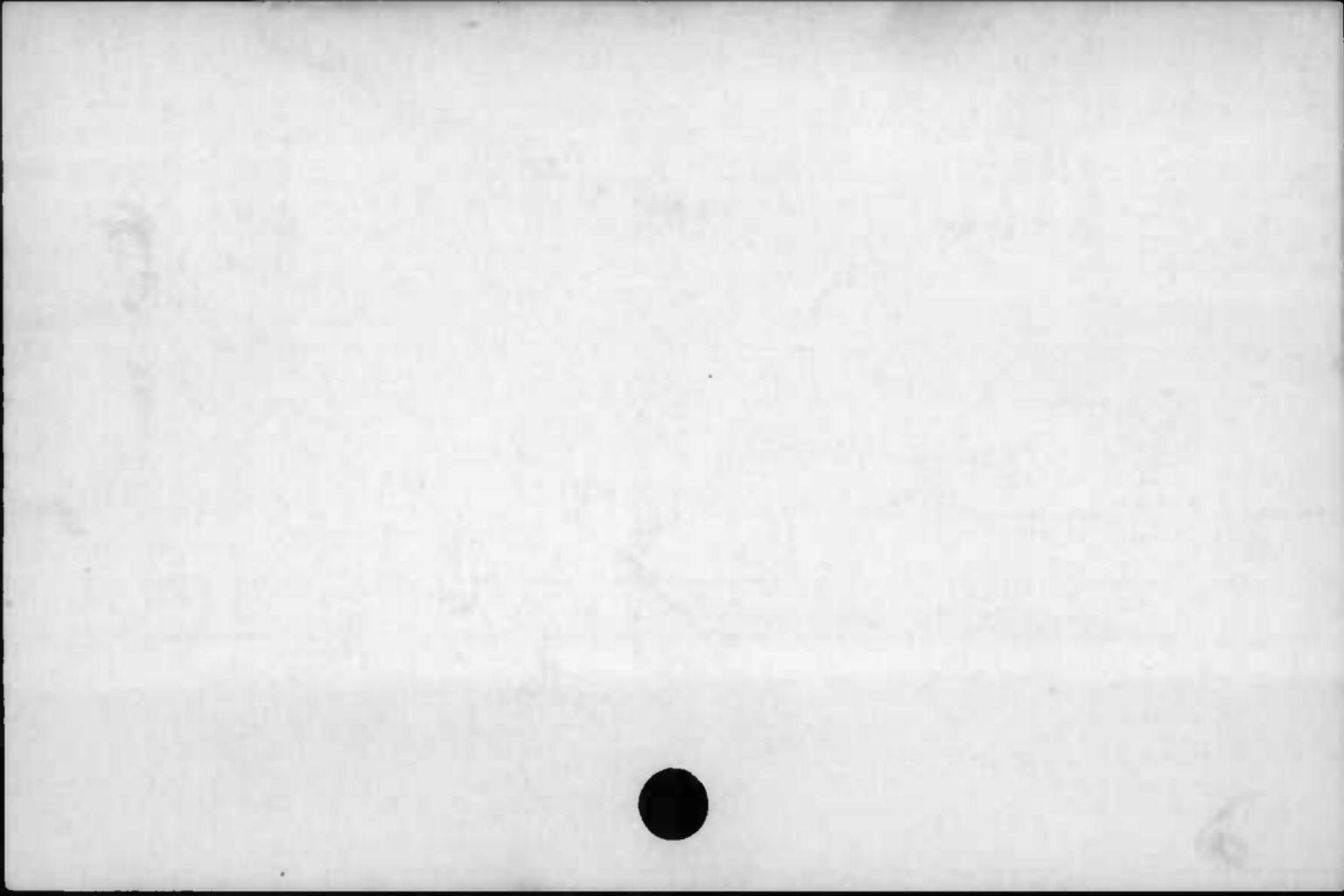
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Highlandtown	Balto		
Date of death	Month	Day	Years
1906	11	14	7
Age	Months	Days	
	3	11	
Sex	Color or Race	Birth-place	
Male	White	Balto	
Occupation	Where Residing if not at place of death	229 Lombard St	
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Howard Co
Single	—	Robert Lee Stause	
Mother's Maiden Name	Eliza Hartman	Father's Birthplace	Maryland
Name of person giving Information	Robert Lee Stause	Mother's Birthplace	
		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Membranous Croup	⑨	How long	4 da
Immediate	Exhaustion		How long	1/2 hour
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Jac. L. Gray M.D.	
		Address	3 andough Highlandtown	
Accident or Suicide?	No			



Name
in
Full

Joseph Heck.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband	508 N. Castle St.			
Father's Name	Joseph F. Heck.				
Mother's Maiden Name	Josephine Heck.				
Name of person giving information	Joseph F. Heck.				

CAUSES OF DEATH

Primary

Shot in left shoulder.

(166)

How long

immediate

Immediate

Hemorrhage

How long

"

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

P.A. Dunnigan

Address

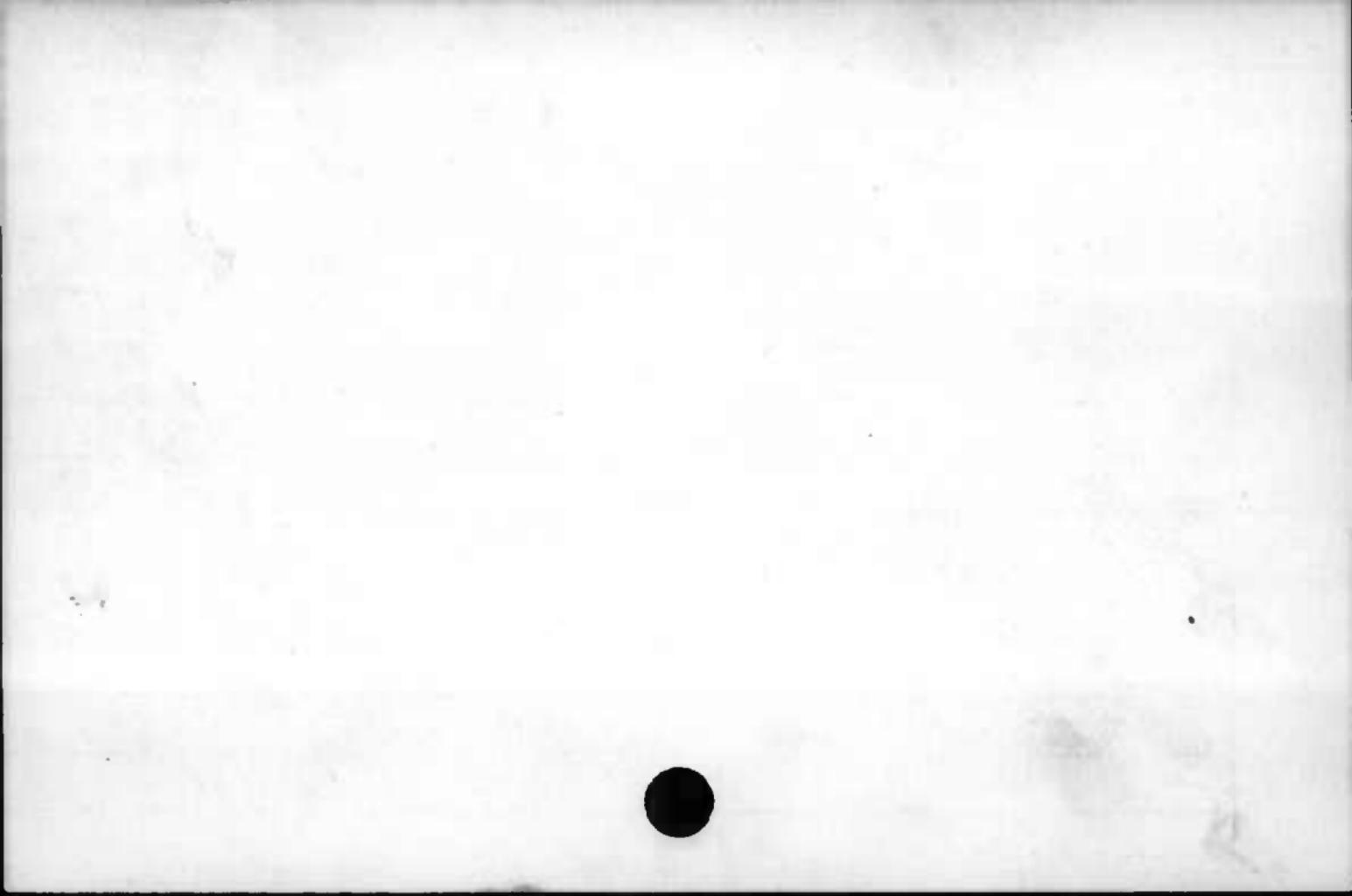
203 Toone St.
Coroner

PHYSICIAN
OR CORONER

B. J. Dunnigan

Accident or Suicide?

Accident



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Elizabeth Heikle

Town

County

MARYLAND

Died at

Orangerville Baltimore

Date
of death

1906 Nov 21 61 Months Days

Year

Age

Months Days

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

None

Where Residing if not
at place of deathMarried, Single
or WidowedWidowed Name of
Husband

Charles Heikle

Father's
Birthplace

Germany

Father's
Name

John Schneider

Mother's
Birthplace

Not known

Mother's
Maiden Name

Not known

Name of person giving
Information

Charles Heikle

How related
to deceased

Son

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Chronic Endocarditis Mitral

How long

Immediate

Pneum - Lung Congestion

How long

Months

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

W. Chambus

Yes

Address

48 W. Hanover St

Accident or Suicide?

Mt Carmel
H. Sanders Sons

Name
In
Full

Elmata Henry

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

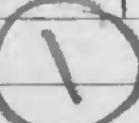
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1906 Nov.	10	Age	32
Sex	Color or Race	Birth-place	
Female	White	Virginia	
Occupation	Where Residing If not at place of death		
Married, Single or Widowed	Name of wife or Husband	Edward Henry	
Father's Name	Virginia		
Mother's Maiden Name	Not Known		
Name of person giving information	How related to deceased		
Edward Henry	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever



How long

two weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

J. L. Long

Address

2529 Fair Ave

Balto Md.

Accident or Suicide?

Mr Lammel

H. Sander & Sons

Name
in
Full

Emilia Carolina Louise Fiehle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Arlington			
Father's Name	Ernest Gustav Fiehle				
Mother's Maiden Name	Germany				
Name of person giving information	Daughter.				

Widowed.

Moritz Bellmann

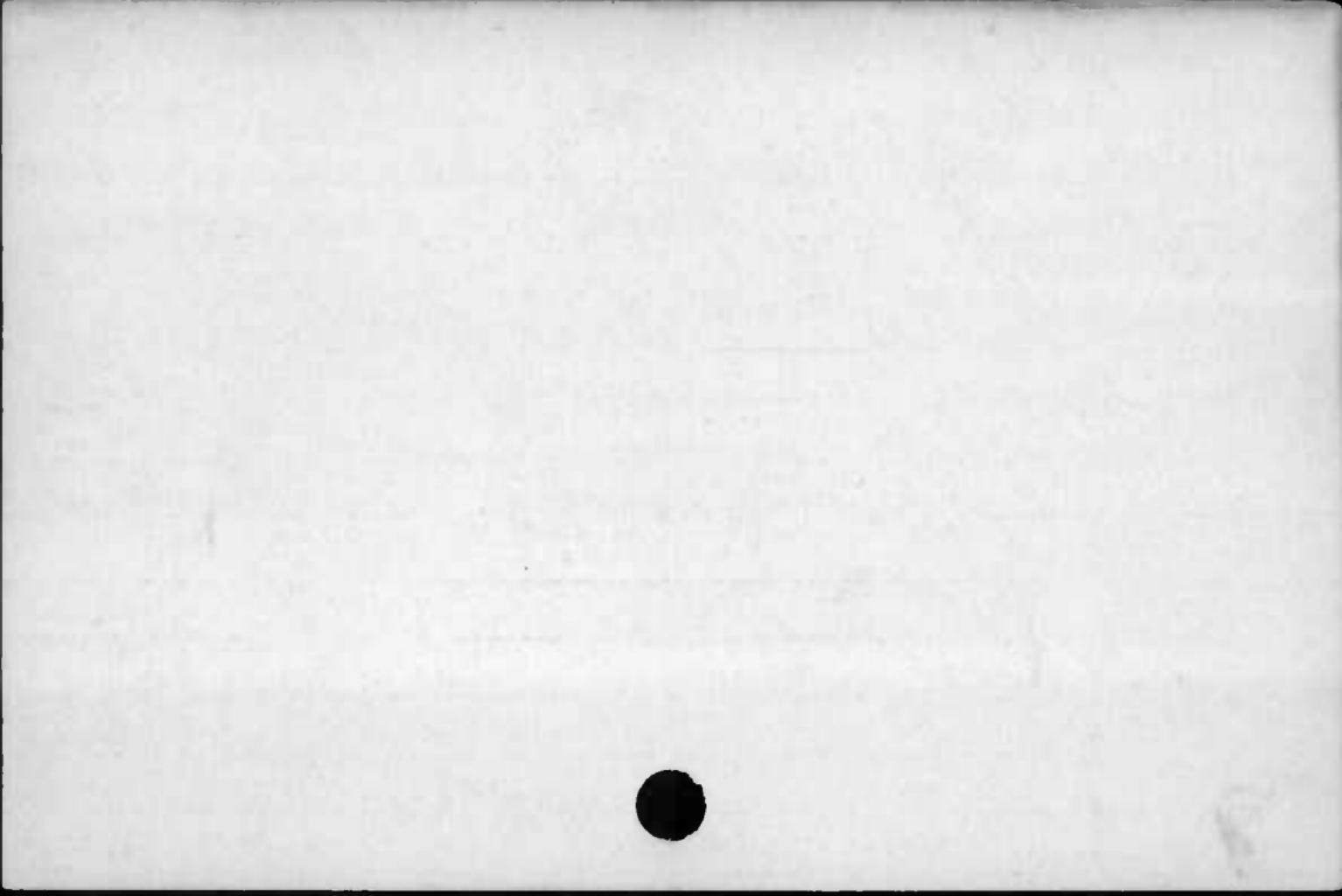
Louise N.D. Voigt.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Alzheimers. Old age.* (No) years!
How long
Immediate *Exhaustion.* 3 days.
How long
Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician
Address *Melrose Street*
Arlington

Accident or Suicide?



George St. Hoffman

Town

County

MARYLAND

Died at

Hoffmanville

Balto

Date 1906

Month Day

Y. M. D.

Native of

Occupation

Male

White

Age 75- 10 8

Md

Female

Cotised

Married

Widow

Divorced

Single

Widower

Number of children living

8

Husband

of Lydia Hoffman

Wife

Father's

Name

William Hoffman Mother's
Maiden Name Mary Marchin

Cause of

Primary

Infirmities due to old age

How long sick

6 months

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Dr. W. Rush M.D.

Address

X

Rockawaysville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Still born Infant Holmes

CERTIFICATE OF DEATH

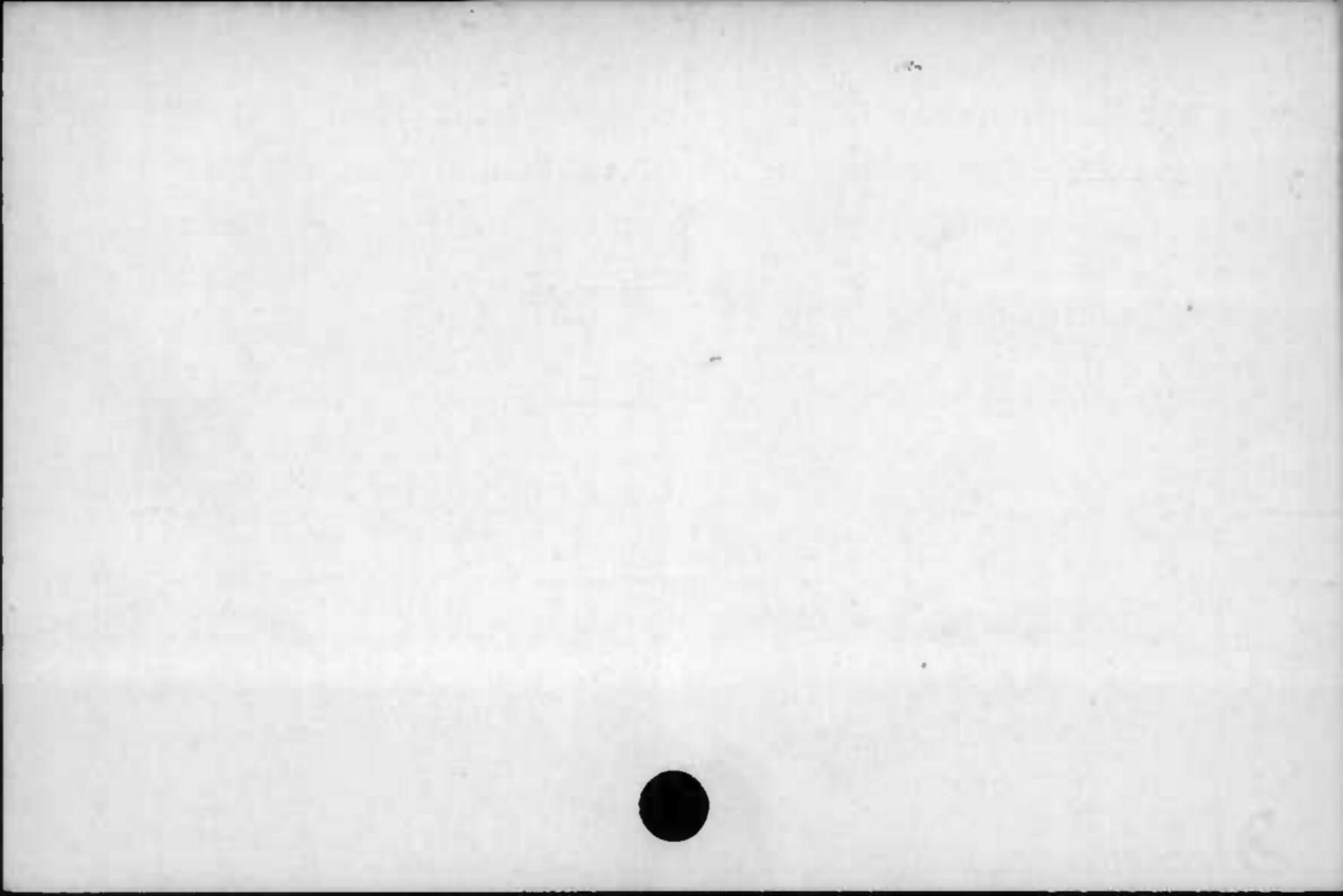
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Sparses Point	County Baltimore	MARYLAND		
Date of death	Month Nov.	Day 14	Years —	Months —	Days —
Sex	Female	Color or Race col	Birth-place sp. P.T. " "		
Occupation	—	Where Residing if not at place of death			
Married, Single or Widowed	—	Name of Wife or Husband			
Father's Name	Joseph Holmes			Father's Birthplace Ja	
Mother's Maiden Name	Lulu Baile			Mother's Birthplace Ja	
Name of person giving information	Lulu Holmes			How related to deceased mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tortion of fetus	
Immediate	Inanition	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician G. C. McCormick MD
		Address Sparses Point
Accident or Suicide?	No	M.D.



Name
in
Full

Maggie Hulson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Nov.	18	Age 18	4	12	
Sex	Color or Race	Birth-place				
Female	White	Baltimore				
Occupation	Where Residing if not at place of death					
Housewife	C					
Married, Single or Widowed	Name of Wife or Husband	John Hulson				
Married	John Hulson					
Father's Name	Father's Birthplace					
Thomas Leonard	Baltimore					
Mother's Maiden Name	Mother's Birthplace					
Mary Phigs	Germany					
Name of person giving information	How related to deceased					
Mary Leonard	Mother					

CAUSES OF DEATH

(H9)

PHYSICIAN
OR CORONER

Primary	Acute Bright's Disease Complicated by		How long
Confinement		1 month	
Immediate	Uraemia.		How long
6 hours			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Jas. L Gray M.D.
Yes		Address	3 and 1/2 High Street
110		Highlandtown Md.	
Accident or Suicide?			

Mr. Game
Wanda Son

Name
in
Full

John N. James

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died at Sparrows Point	Baltimore.					
Date of death 1906	Month Nov.	Day 16	Age 51	Years	Months	Days
Sex Male	Color or Race Negro	Birth-place Unknown				
Occupation Labourer	Where Residing if not at place of death Unknown					
Married, Single or Widowed Married	Name of Wife or Husband Unknown					
Father's Name Unknown	Father's Birthplace Unknown					
Mother's Maiden Name Unknown	Mother's Birthplace Unknown					
Name of person giving information J. S. Blair	How related to deceased Unknown					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Fall from a wall, bruised skull	How long
Immediate Accident		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

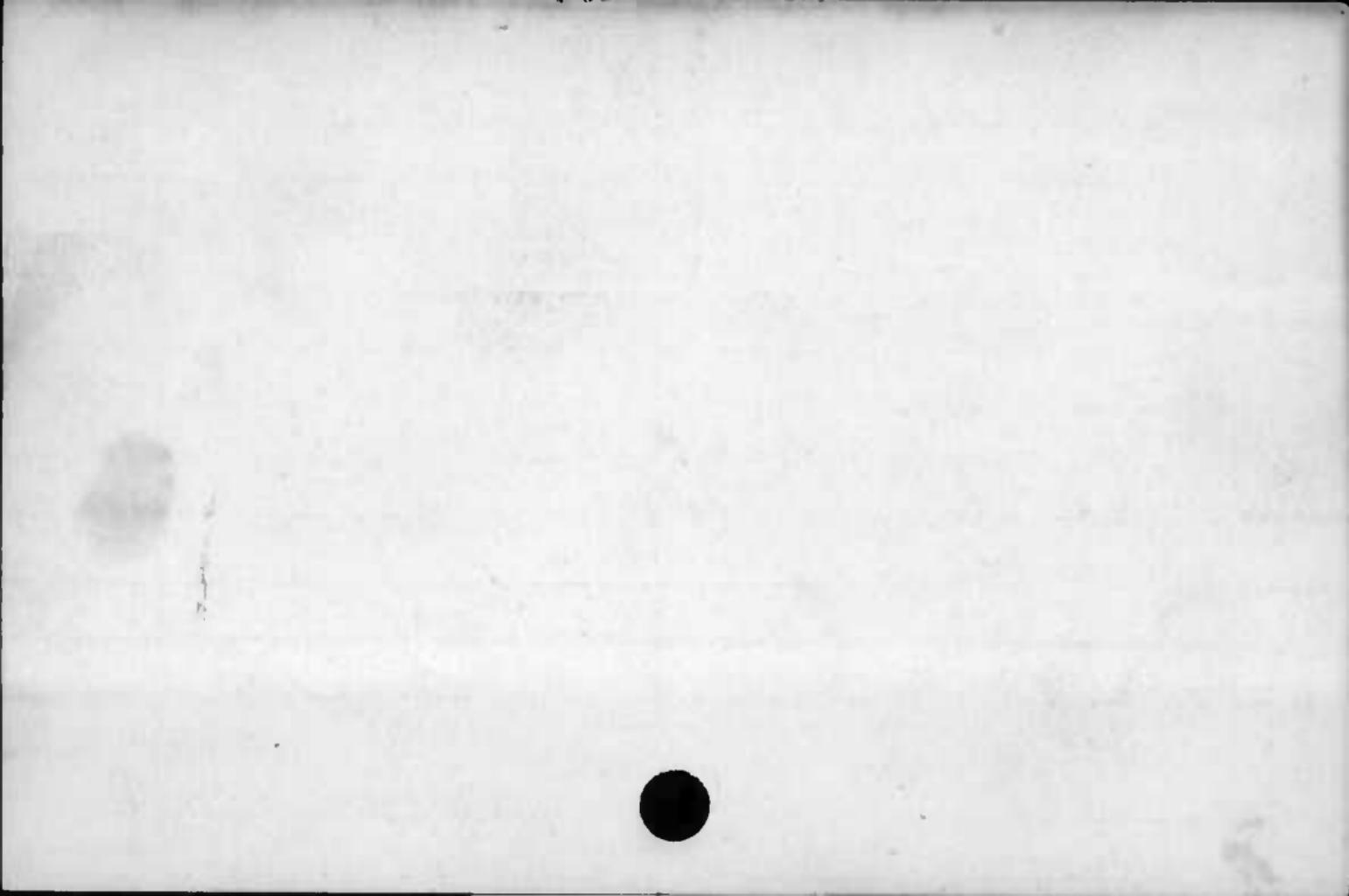
Address

J. S. Blair, J.P.
Sparrows Point
Md.

8

Accident or Suicide?

Accident



Name
in
Full

Loretta H. Kaelber

CERTIFICATE OF DEATH

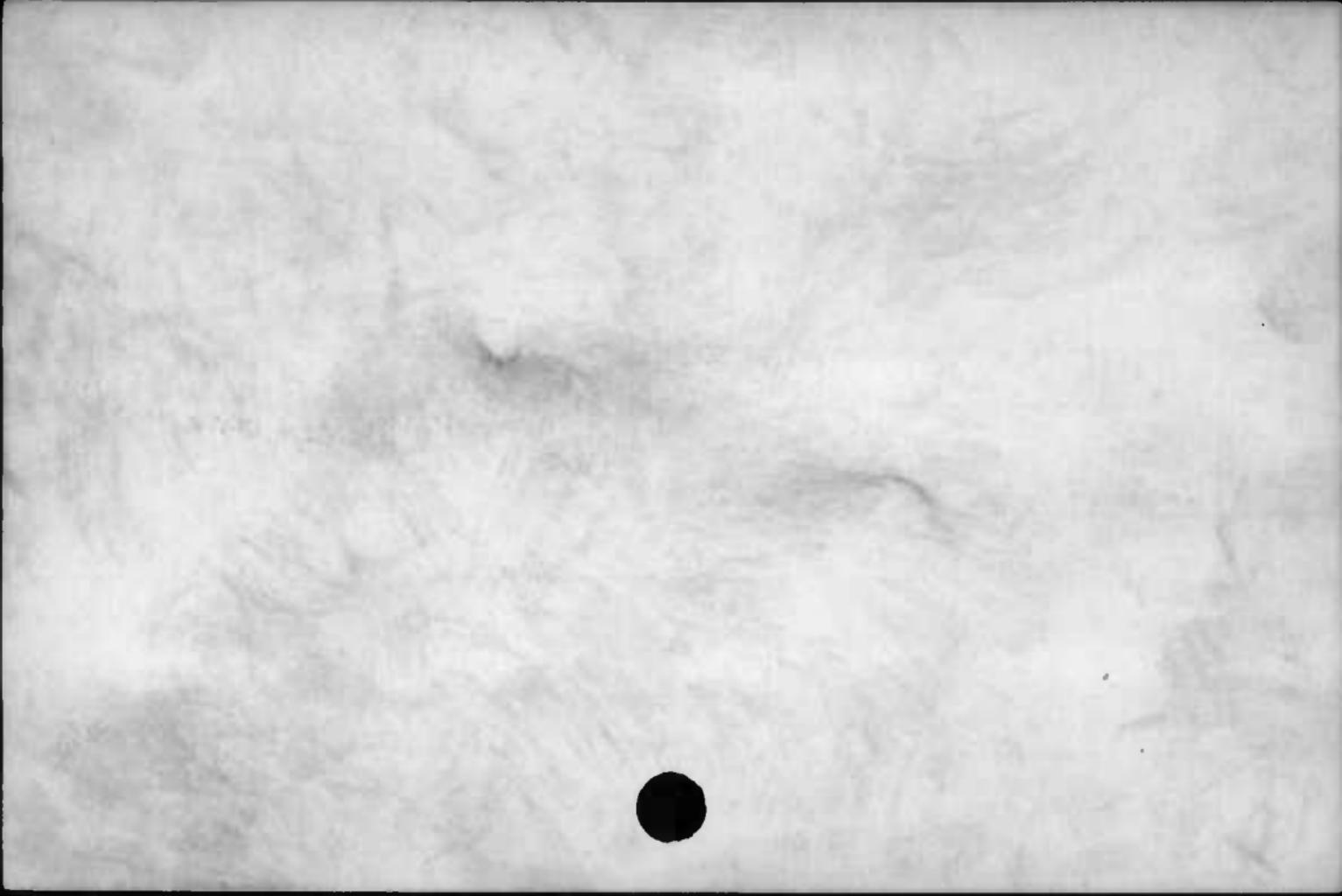
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Nov	14	3	7	8
Sex	Female	Color or Race	White	Birth-place	Baltimore
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Charles Kaelber	Father's Birthplace	Maryland		
Mother's Maiden Name	Mary Roth	Mother's Birthplace	Baltimore		
Name of person giving Information	Mary Kaelber	How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Septicemia	(9)	How long	Egill days	
Immediate	Septicemia		How long	"	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Hazel Blackmon	
			Address	Bayview Hospital	
Accident or Suicide?		No			



Name
in
Full

Henry J. Kaiser

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Highlandtown		County	Baltimore	
Date of death	Month	Day	Years	Months	Days
1906	Nov.	20	—	4	23
Sex	Male	Color or Race	white	Birth-place	Baltimore
Occupation	—		Where Residing if not at place of death	—	
Married, Single or Widowed	Single		Name of Wife or Husband	—	
Father's Name	Henry J. Kaiser		Father's Birthplace	Baltimore	
Mother's Maiden Name	Arthude Johnson		Mother's Birthplace	"	
Name of person giving Information	Berthold Kaiser		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chorea Infantum

105

How long

34 mrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J H Gershans M.D.
1303 Ligher

Accident or Suicide?

no

H.S. am fm

Name
In
Full

Daniel Kauz

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	59			
Occupation	Where Residing if not at place of death					Owings Mills -
Married, Single or Widower	Name of Wife or Husband		not Known			
Father's Name	not Known		(68)	Father's Birthplace	not Known	
Mother's Maiden Name	" "			Mother's Birthplace	"	
Name of person giving information	Reeds Mt. Hope Retirem					How related to deceased not at all

PHYSICIAN
OR CORONER

Print

Mania Post Paralysis

CAUSES OF DEATH

(68)

How long
nearly 3 yrs -

Immediate

Ex-Albunemia -

How long
abt 17 or 12 mos -

Are the name, age, sex, color, date and place correctly given above?

Yes

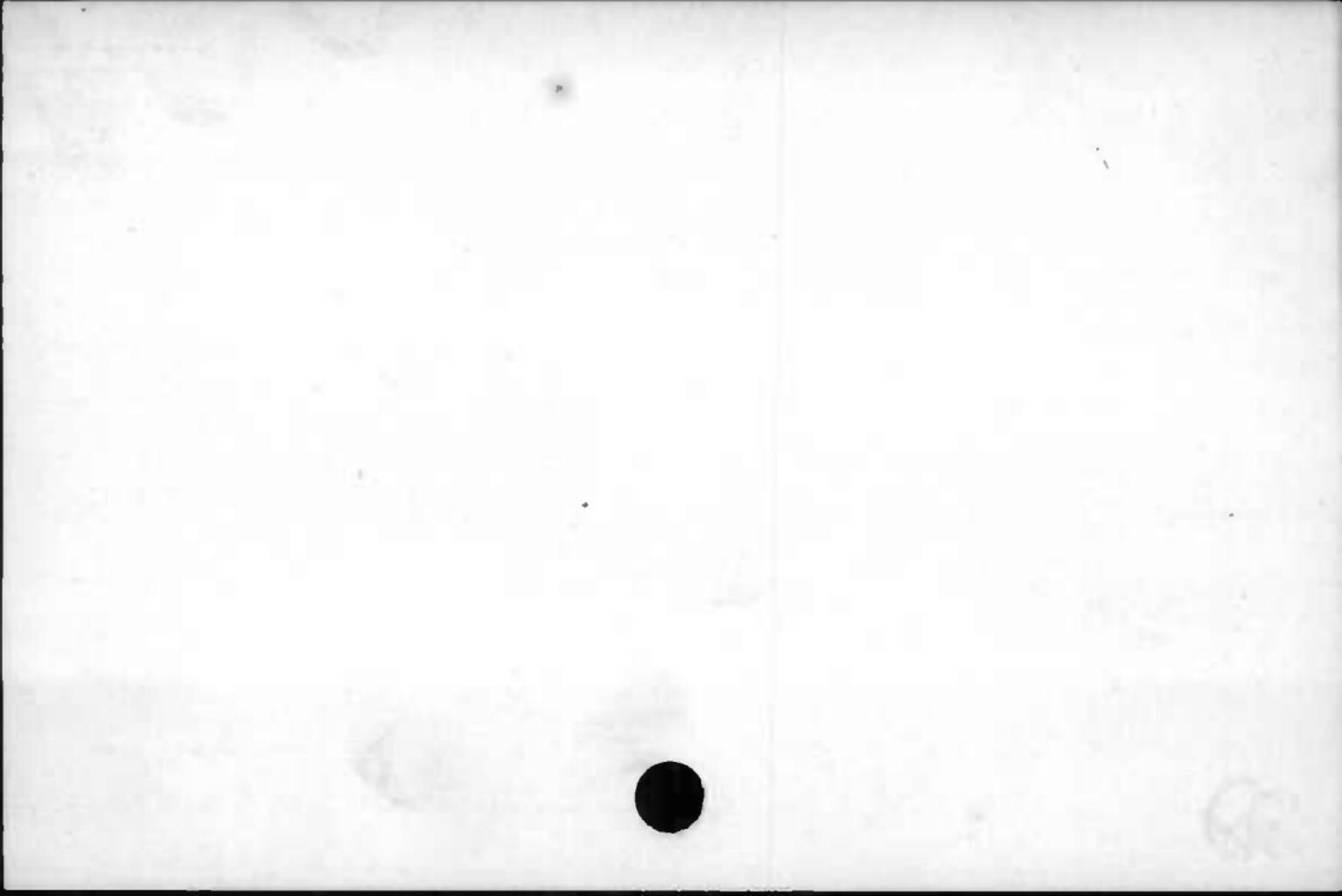
Signature of Physician

Address

Frank J. Flannery
Mt. Hope Retirement
Baltimore Co. Md.

Q

Accident or Suicide?



Name
in
Full

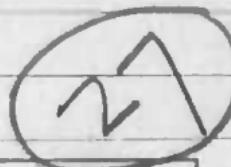
Christina Keller

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	36	2 9
Occupation	House work	Where Residing if not at place of death	#1008	Balto.	5th. St.
Married, Single or Widowed	Widow	Name of Wife or Husband	Christian Keller		
Father's Name	Gessner				
Mother's Maiden Name	"				
Name of person giving information	Annie Gessner				



PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

About 5 Months

Immediate

Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

?

Ye

H. Leckard M.D.
910 S. Carlton St. Baltimore

Accident or Suicide?



Mt. Carmel Cemetery

Jno. Herwig & Son

#2008 Orleans St.

11/9/06

Name
in
Full

Eunice F. King

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Mr.	10	57	4	3
Sex	Color or Race	Birth-place			
Female	American	Balto.			
Occupation	Where Residing if not at place of death				
	Gardustown Md.				
Married, Single or Widowed	Name of Husband	Father's Birthplace			
widow	Sam'l. H. King	Baldo			
Father's Name	Mother's Maiden Name	Mother's Birthplace			
C. C. De Goey	Mary A. Kline	Washington D.C.			
Name of person giving information	How related to deceased				
Ruth N. De Goey	Brother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Kidney carcinoma

(43)

How long

about 4 years

How long

Immediate weakness & malnutrition

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

174 Balt'go
214 Park ave

Accident or Suicide?

70. Green Mount Cem., Baed. Md.

E. Madison Mitchell
1201 N. Fayette St.
Baed. Md.

Name
in
Full

Kinney, Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Dementia	How long	2 mos.
Immediate	Cerebral Hemorrhage	How long	1 week.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Percy Nade
		Address	Glaleonsville, Md
8		Accident or Suicide?	No.

Wm H Hydon

Name
in
Full

Kirby, Elizabeth.

CERTIFICATE OF DEATH

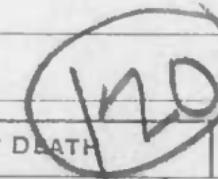
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

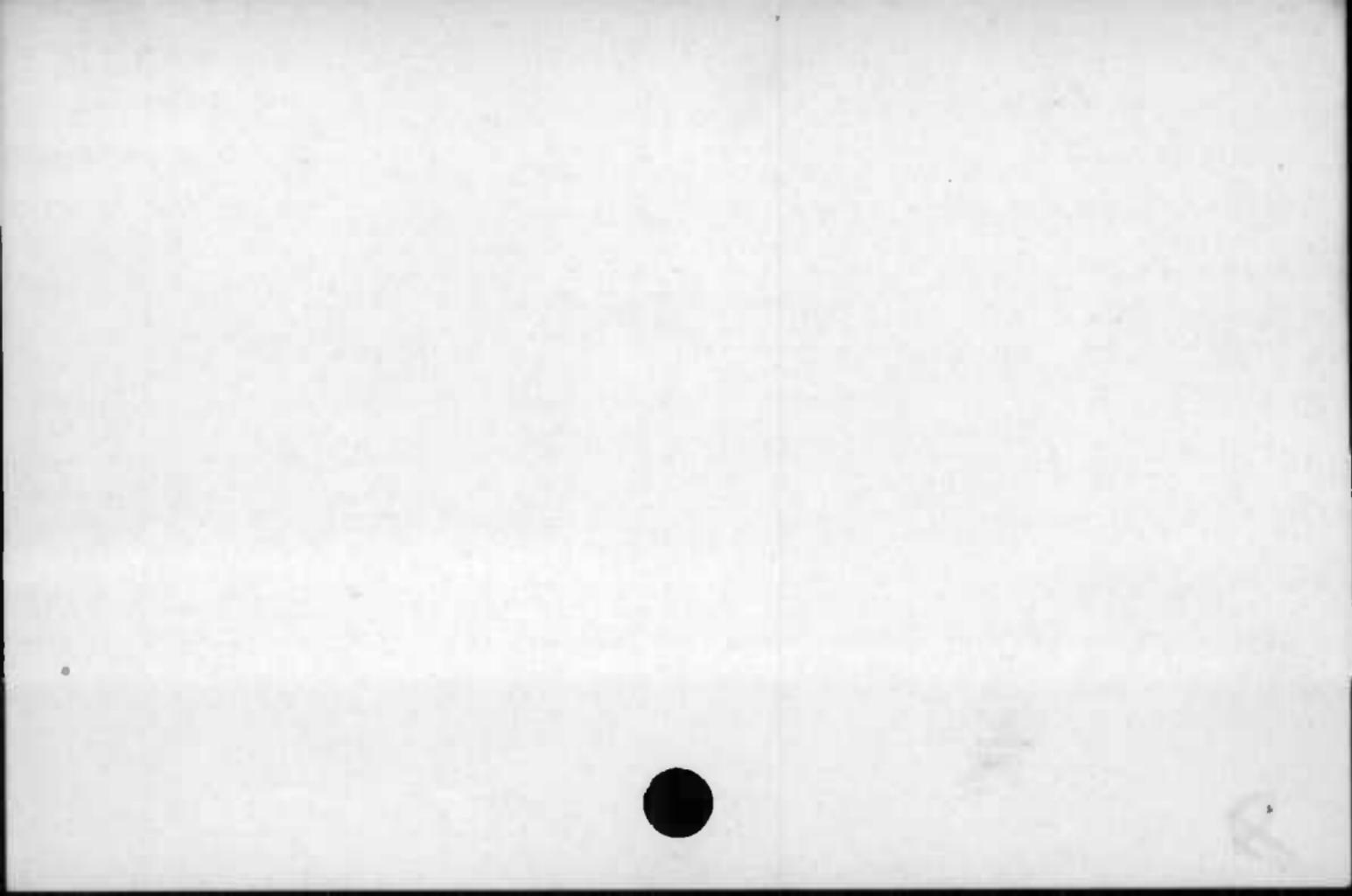


Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Female	Color or Race	white	Birth-place	Md.
Occupation	None	Where Residing if not at place of death			x
Married, Single or Widowed	Married	Name of Wife or Husband	x		
Father's Name	x				Father's Birthplace
Mother's Maiden Name	x				Mother's Birthplace
Name of person giving information	x				How related to deceased

CAUSES OF DEATH



Primary	Syphilitic Dementia	How long	byp.
Immediate	Chronic Interstitial Nephritis	How long	1 yr.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. W. Kirby</i>
		Address	<i>Leatonsville,</i>
Accident or Suicide?		No.	



Name
in
Full

Mary E. Klebe

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Parkville Md. Baltimore Co.

MARYLAND

Date of death	Month	Day	Years	Months	Days
1906	Nov	18	48	3	12

Sex Female

Color or Race

no white

Birth-place

Balto

Occupation

Where Residing if not
at place of death

Parkville Md

Married,

Name of Husband

Geo H. Klebe

Father's Name

Dietz

Father's Birthplace

Germany

Mother's Maiden Name

Katherine Fisher

Mother's Birthplace

Germany

Name of person giving information

Geo H. Klebe

How related to deceased

Husband

CAUSES OF DEATH

(64)

Primary Cerebral Hemorrhage

How long

Immediate Failure of heart forces

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. S. G. Philford

Address

Parkville, Md.

8

Accident or Suicide?

London Park

F. A. Krause & Bro

Name
in
Full

John G Kraft

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>White Marsh</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Nov</u>	Day <u>3</u>	Years <u>36</u>	Age <u>36</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>				
Married, Single or Widowed <u>Married</u>	Occupation <u>Machinist</u>					
Name of Wife or Husband <u>Minnie Busch</u>						
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary 166 How long

Immediate Accident & Shooting. How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Chas. Francis coroner
Baltimore Md

Accident or Suicide?

Accident

Dr Athey no 2 Hudson St.

Name
in
Full

Infant Laithé

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	female	Color or Race	white	Birth-place	Not vivious	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Infant	Name of Wife or Husband				
Father's Name	Clarence E. Laithé					
Mother's Maiden Name	Mary J. Hedges					
Name of person giving information	Clarence E. Laithé					
Father's Birthplace	Baltimore Co.					
Mother's Birthplace	Baltimore Co.					
How related to deceased	Father.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tetanus
Convulsions

12

How long

24 hrs.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Providence
Not vivious

Mc-

Accident or Suicide?

9

W. J. Tickner
Mr Olvist

Name
in
Full

Still Born Lee

CERTIFICATE OF DEATH

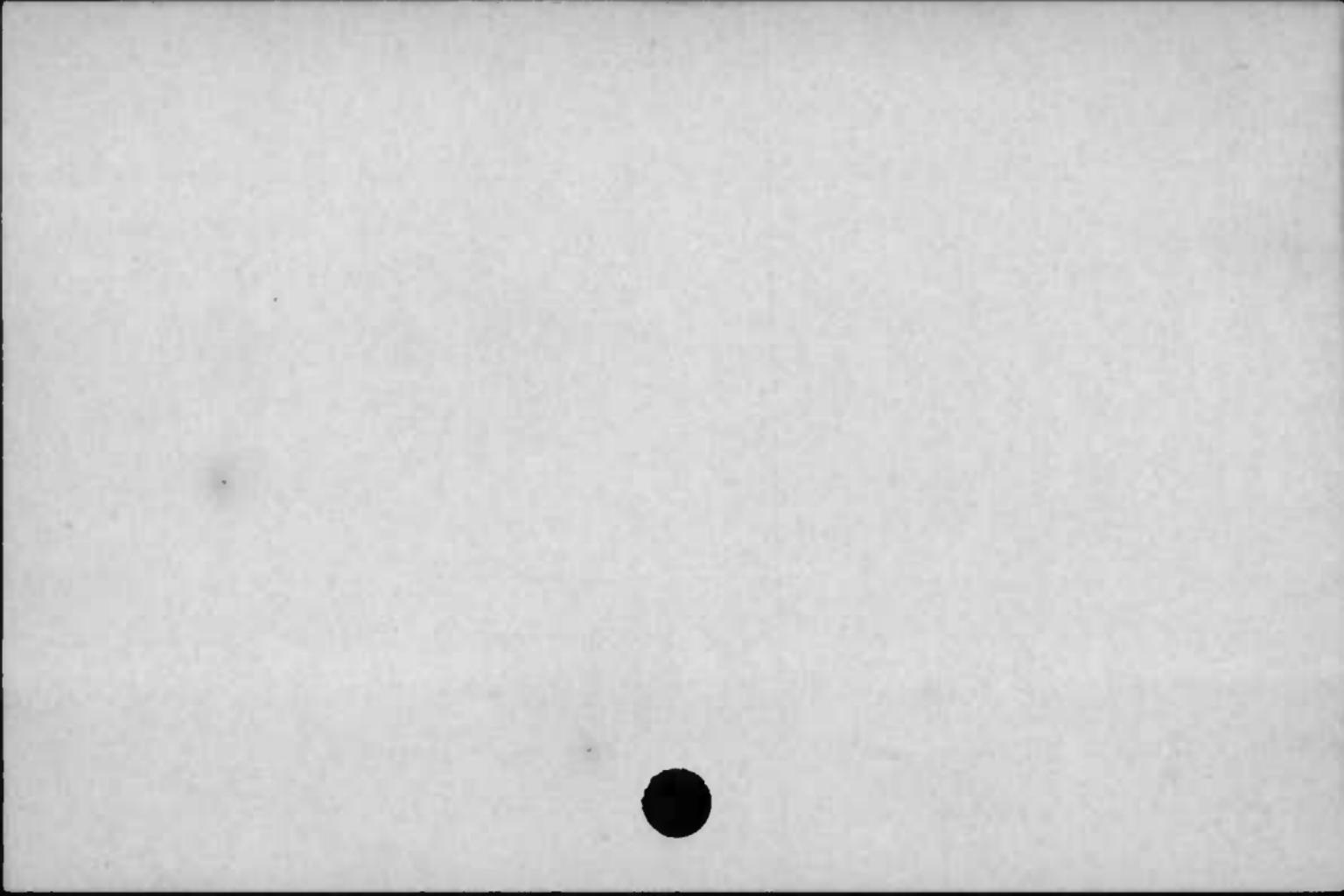
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Daniel Lee				
Mother's Maiden Name	Annie. Page				
Name of person giving information	Daniel Lee				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Still Born C.	
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	R. J. Stigleman
Address	Seamans Md
Accident or Suicide?	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Chas. H Lewis

CERTIFICATE OF DEATH

Died at Sparrows Point		Baltimore County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	Nov.	6 th	33	5	-
Sex	male	Color or Race	colored	Birth-place	Virginia
Occupation	Laborer.	Where Residing if not at place of death Sparrows Point			
Married, Single or Widowed	married	Name of Wife or Husband	Sarah B Lewis		
Father's Name	Henry Lewis			Father's Birthplace	Va
Mother's Maiden Name	Lucy Ellis			Mother's Birthplace	Va
Name of person giving Information	Wm Lewis			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aneurism. (aorta)

(8)

How long

about 1 year

How long

3 days

Immediate Hemorrhage from bursting aneurism

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

G. E. McCormick MD

Address

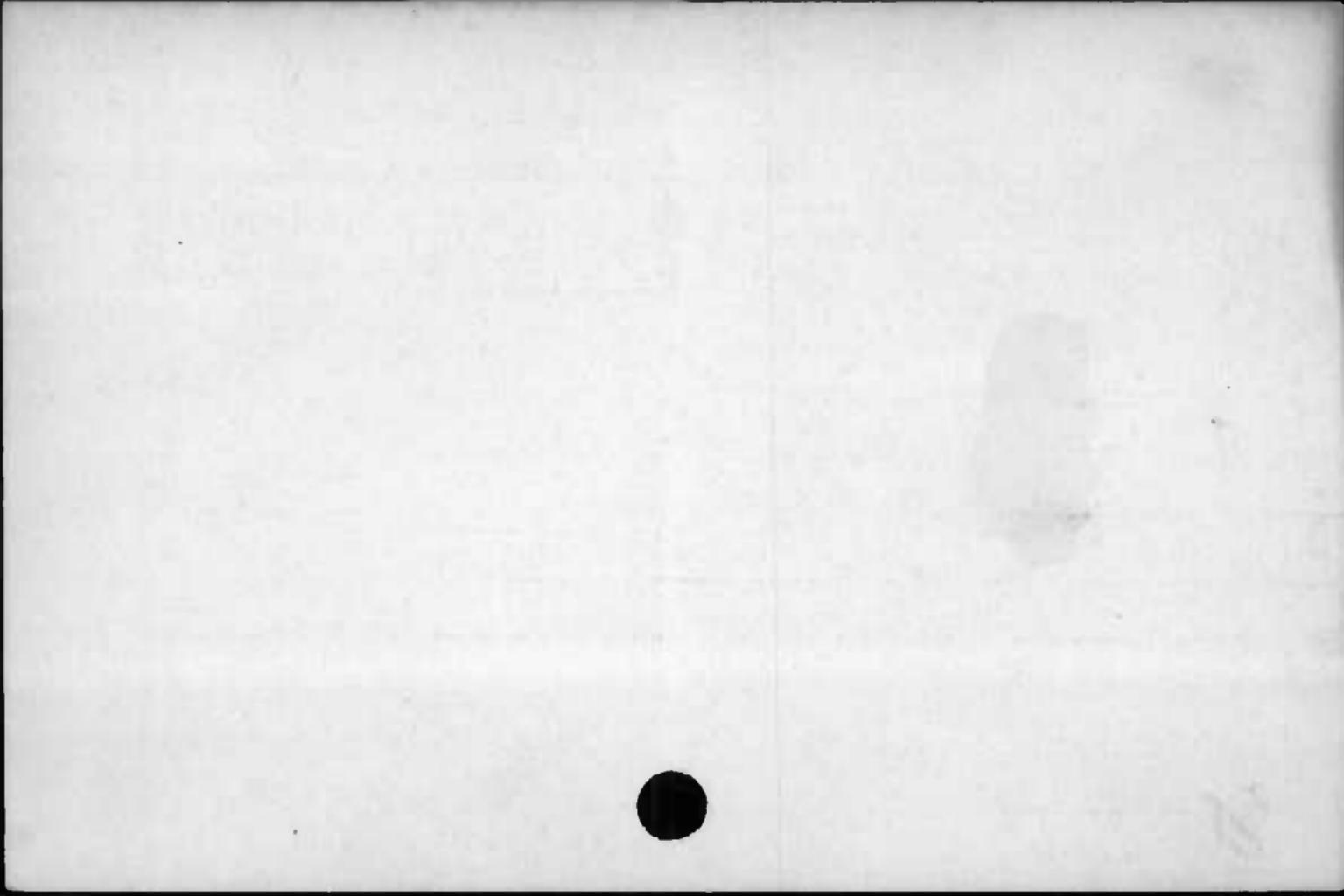
Sparrows Point

mg

8

Accident or Suicide?

no



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR PROTHONOTARY
RECORDED

Ses. Leyshun

CERTIFICATE OF DEATH

Died at Carnton Town		Baltimore County		MARYLAND		
Date of death 1906	Month Nov.	Day 18	Years 52	Months 10	Days 8	
Sex Male	Color or Race white			Birth-place Wales		
Occupation Supt. Copper Smelter	Where Residing at place of death 29 1/2 N. Clinton St.					
Married, Single Single	Name of Wife or Husband None					
Father's Name Riese Leyshun	Father's Birthplace Wales.					
Mother's Maiden Name Elizabeth Leyshun	Mother's Birthplace "					
Name of person giving information Eva Leyshun	How related to deceased Brother					
CAUSES OF DEATH						
Primary Heart. Disease	NO					How long immediate
Immediate Natural						How long "

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

P. A. Dunnigan
203 Toone St
Coroner

M. Cornel

W. J. Pickard & Sons

Mary Elizabeth Little

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND		
Date of death 1906	Month Nov	Day 9	Age 86	Years	Months 10	Days 26
Sex Female	Color or Race	White	Birth-place	Harford Co.		
Married, Single or Widowed	Widowed		Occupation	Unemployed.		
Name of Wife or Husband	George Little					
Father's Name	Robert Kerr.		Father's Birthplace	Scotland.		
Mother's Maiden Name	Dont know.		Mother's Birthplace	Dont know		
Name of person giving Information	Dr Calder Little		How related to deceased	Son.		

CAUSES OF DEATH

(65)

PHYSICIAN
OR CORONER

Primary

Paralysis ad Softening of Brain

How long

Two years.

Immediate

General Failure

How long

Two-three days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

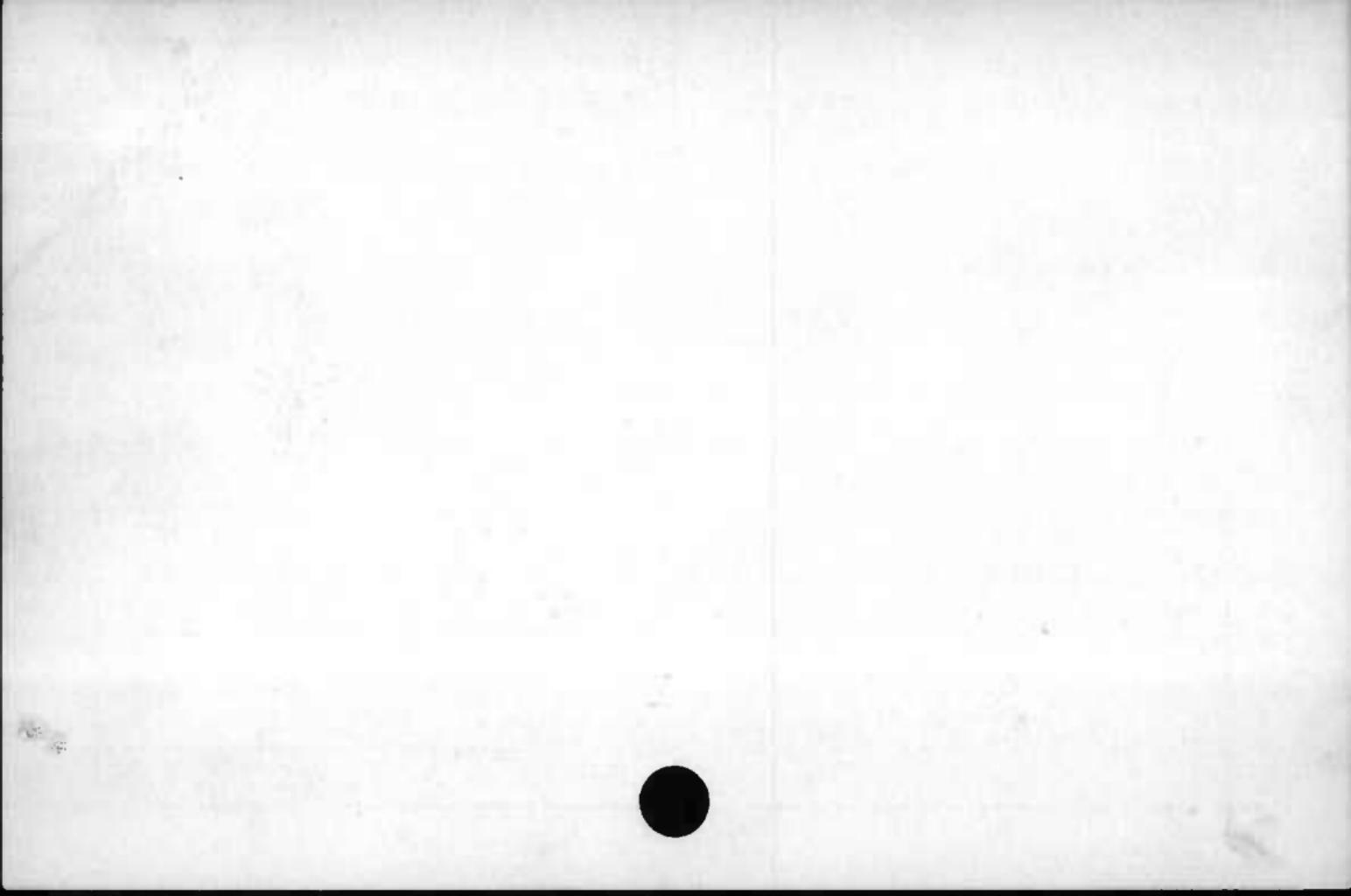
A. R. Mitchell:

Mountau
Md.

Address

Accident or Suicide?

8



Name
in
Full

Antonio D'foresti

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westport</u>		Town <u>Baltimore</u>	County <u>Baltimore</u>	MARYLAND		
Date of death <u>1906</u>	Month <u>11</u>	Day <u>30</u>	Age <u>35</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Italy</u>				
Occupation <u>Labourer</u>	Where Residing if not at place of death <u>Westport</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mario</u>					
Father's Name <u>John Divenran</u>	Father's Birthplace <u>Italy</u>					
Mother's Maiden Name <u></u>	Mother's Birthplace <u>17</u>					
Name of person giving Information <u>William Miller</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

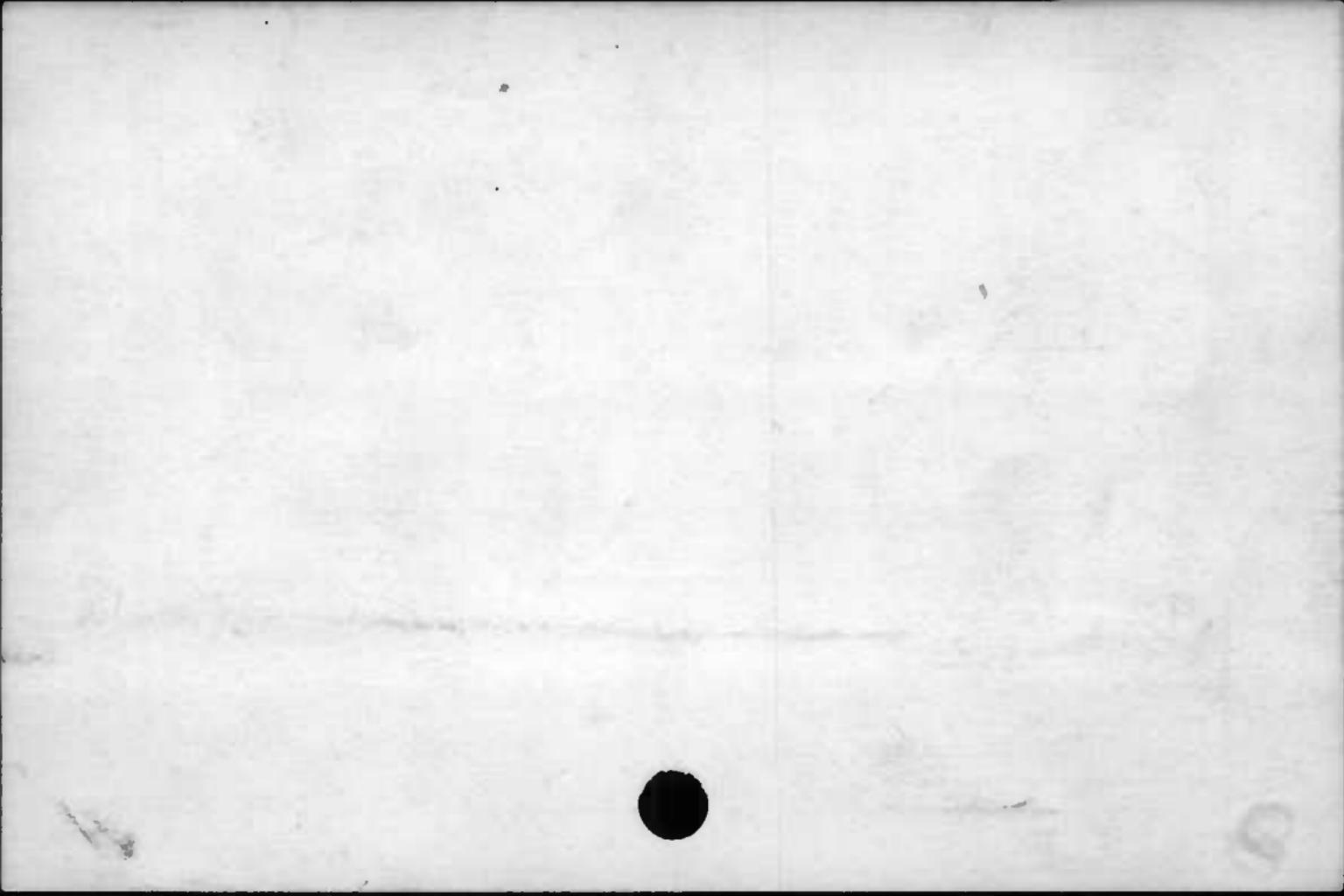
Primary	<u>Falling of Sand + gravel</u>	How long <u>Immediately</u>
Immediate	<u>Neck Broken</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>August W. Miller</u> Address <u>Mr. Winans</u>

PHYSICIAN
OR CORONER



Accident or Suicide?

accident



Name
in
Full

Daniel P. Lorden

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Baltimore			County		MARYLAND	
Died at	Carson			Baltimore			
Date of death	1906	Month Nov.	Day 13	Age 2	Years	Months 5	Days 2
Sex	Male	Color or Race	White	Birth-place		Baltimore	
Occupation	None			Where Residing if not at place of death		~	
Married, Single or Widowed	Single	Name of Wife or Husband				~	
Father's Name	Bartholomew Lorden			Father's Birthplace		Ireland	
Mother's Maiden Name	Annie Keenan			Mother's Birthplace		Pennsylvania	
Name of person giving information	Annie Lorden			How related to deceased		Mother	

CAUSES OF DEATH

Primary

Enteric Colitis

(105)

How long

How long

about 24 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

D. Richardson
710 Stanton St., Baltimore

PHYSICIAN
OR CORONER

8

Accident or Suicide?

Sacred Heart Cm.
H. Sander & Sons

Name
in
Full

Samuel Lyon

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	Baltimore Co		MARYLAND		
Died at Mt. Hope Retreat	County				
Date of death 1906	Month Nov	Day 14 th	Years 36	Months	Days
Sex Male	Color or Race White	Age 36	unknown	unknown	
Occupation Chairman	Where Residing if not at place of death Clarkesburg W. Va				
Married, Single or Widowed Married	Name of Wife or Husband unknown	unknown	unknown	unknown	
Father's Name unknown	Father's Birthplace unknown				
Mother's Maiden Name "	Mother's Birthplace "				
Name of person giving information Rec'd, Mt. Hope Retreat	How related to deceased not at all				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gastritis - Alcoholic - 56
Immediate Ex- Cardiac Syncope

How long 2 mos -

How long _____

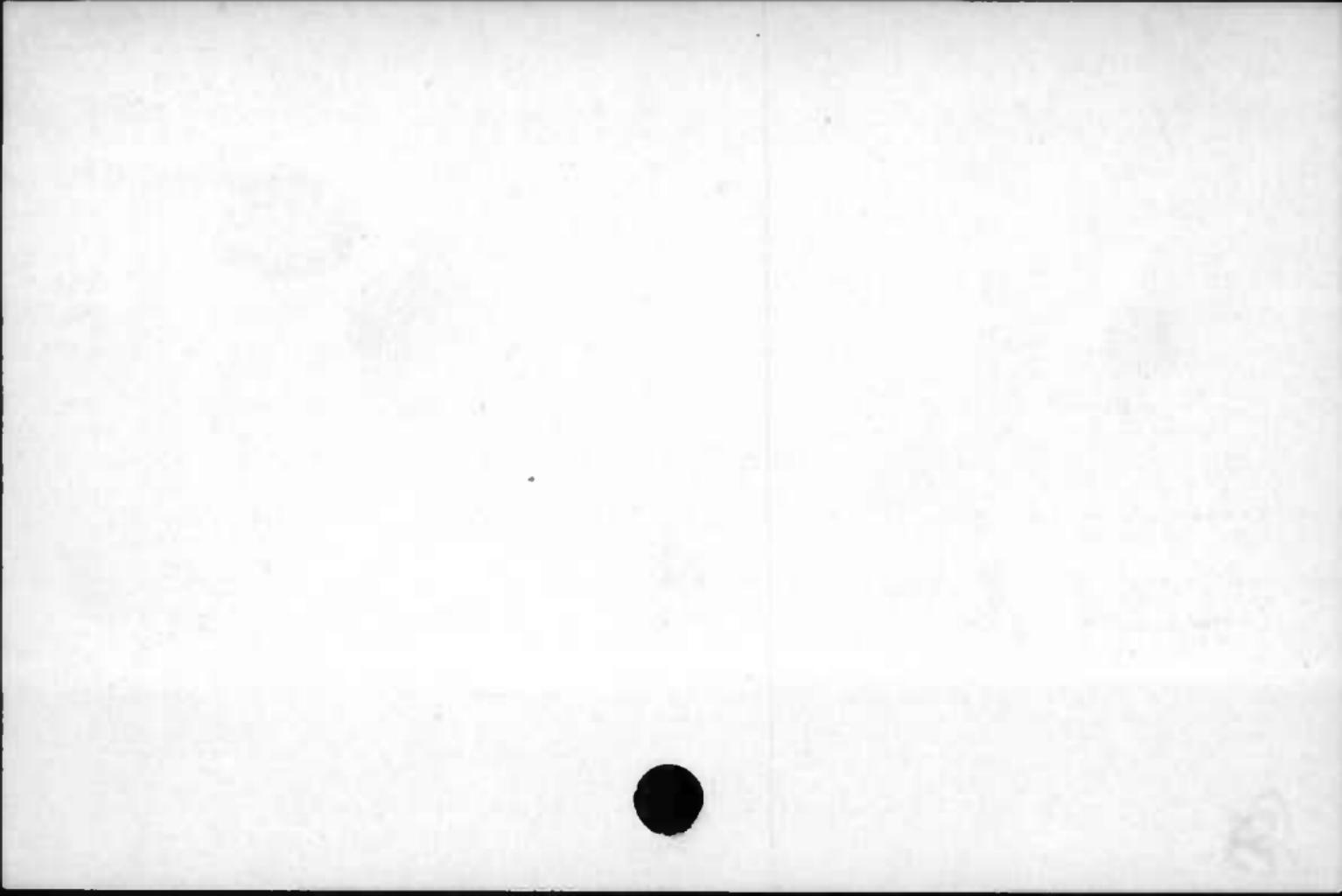
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Frank J. Flannery MD
Mt. Hope Retreat
Mt. Hope Md -



Accident or Suicide?



Name
in
Full

Col. Chas. B. McCleane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Died at	Loveton	Baldo	Months	Days	
Date of death	Month	Day	Years	Age	
1906	Nov.	1	58	58	
Sex	Male	Color or Race	White	Birth-place	Md.
Occupation	County Surveyor		Where Residing if not at place of death	Loveton	
Married, S. [initials]	Name of wife	Husband	Katherine Chev McCleane		
Father's Name	Rev. Oliver O. McCleane		Father's Birthplace	Pa	
Mother's Maiden Name	Anna S. Burgham		Mother's Birthplace	Md.	
Name of person giving information	Katherine Chev McCleane		How related to deceased	Wife	

CAUSES OF DEATH

Primary ~~Multifocal~~ ~~hemorrhage~~ with necrosis of the spheno-ethmoid corner, and orbital fixation of the frontal bones.

How long

8 months

Immediate

Cardiac Arrestia

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Bayliss Brown M.D.
Loveton Md.

Accident or Suicide?

Interment at Prospect Hill
Cemetery, Towson Md

Undertakers

Stewart & Mowen Co.
215 Park Ave.

Baltimore Md

Name

in
Full

Edward J. McDonnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

Catoonsville Baltimore

Male

Color or
Race

White

Birth-
place

Baltimore

Sex

Occupation

Where Residing if not
at place of death

Baltimore

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Michael McDonnell

Father's
Birthplace

Ireland

Mother's
Maiden Name

Margareh Carey

Mother's
Birthplace

Ireland

Name of person giving
information

Mr Max Wags

How related
to deceased

Brother in Law

CAUSES OF DEATH

Primary

Tuberculosis (21) 4 months

how long

how long

Immediate

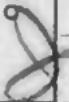
Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

D Whaley
Catoonsville
MdPHYSICIAN
OR CORONER

Accident or Suicide?

Evans & Spence
Cosme Bear

Name
In
Full

Thomas H. McDonough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt. Hope Retreat</u>		<u>Town</u>	<u>Baltimore</u>	<u>County</u>	<u>MARYLAND</u>		
Date of death	1906	Month Nov	Day 7 th	Years 39	Months	Days	unknown unknown
Sex	Male	Color or Race	white	Birth-place	Virginia		
Occupation	Block Maker		Where Residing if not at place of death	Portsmouth Va -			
Married, Single or Widowed	Married	Name of Wife or Husband	unknown				
Father's Name	unknown		Father's Birthplace	unknown			
Mother's Maiden Name	"		Mother's Birthplace	"			
Name of person giving Information	Reeds Mt. Stone		How related to deceased	Not at all			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Melancholia

(15)

How long

15 mos -

Immediate

Ex. Post. Paralysis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

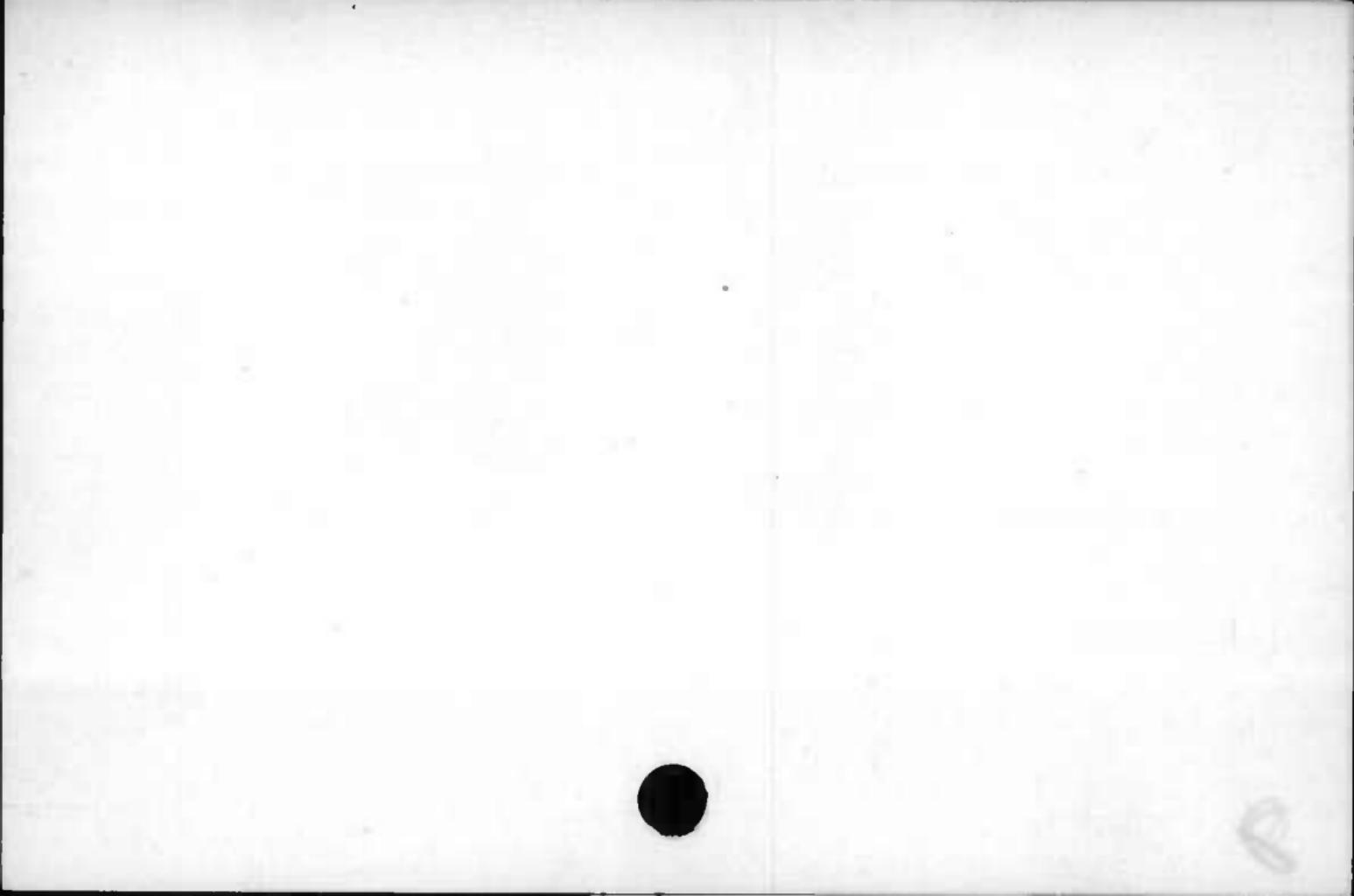
Signature of Physician

Frank J. Flanary

Address

Mt. Hope Retreat
Baltimore

Accident or Suicide?



Name
in
Full

Johnnie H. Guinness

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	63	1		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wm or Husband	2928 Bount St,				
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving Information						How related to deceased

Johnnie H. Guinness
Highland Hollow, Dalton Co.
Nov, 6th, 1906, Age 63
Male white Ireland
Real Estate
Married, Marjorie, Mrs. Conn
J.E. McClellan M.D. Sonnies

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis, with

How long

4 to 5 years

Immediate

Calculus, lessening, followed by cerebral hemorrhage,
with epilepsy.

How long

40 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.E. McClellan M.D.
#618 W. Clinton St.,

8

Accident or Suicide?

Holy Cross Cemetery

Nov. 10th 1906

Germanus T. Van der

Gunderslaker

Name
in
Full

Ellen Mc Mahon (Sr Augustine)

CERTIFICATE OF DEATH

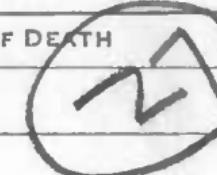
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Nov	11 th	32	unknown	unknown
Sex	Color or Race	Where Residing if not at place of death			
Female	White	Arizona			
Occupation	Retigious - S. of Charity				
Married, Single or Widowed	Name of Wife or Husband	Mt Stope Retreat			
Single					
Father's Name	Unknown				
Mother's Maiden Name	"				
Name of person giving information	Red Mt Stope Retreat				

CAUSES OF DEATH

Primary

Tuberculosis



How long

about 2 yrs -

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

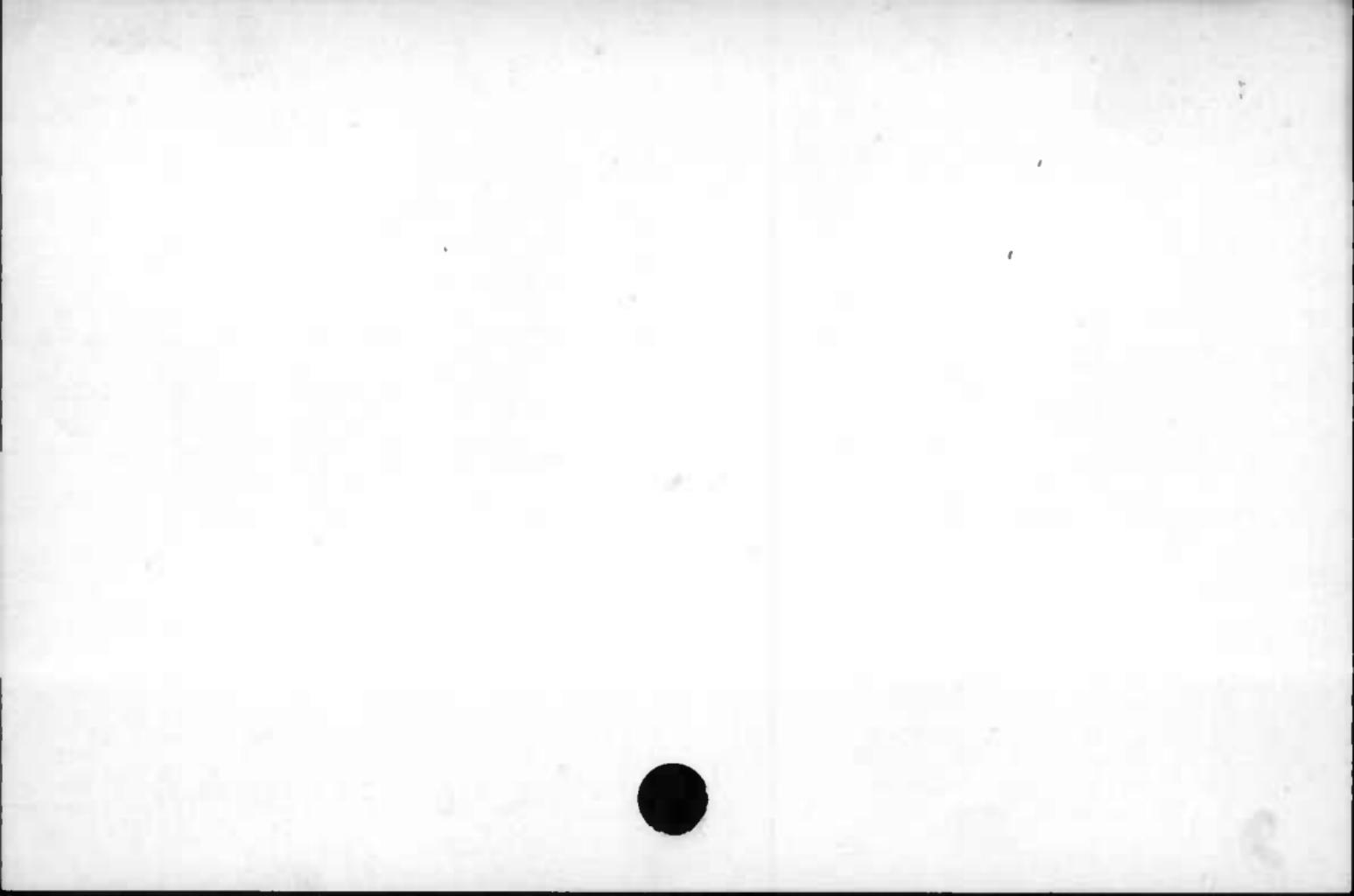
Yes

Signature of Physician

Frank J Flannery
Mt Stope Retreat
Baltimore Co Md -PHYSICIAN
OR CORONER

J

Accident or Suicide?



Name
in
Full

Catherine C. Mack

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Carlton	Baltimore				
Date of death	Month	Day	Years	Months	Days
1906	Nov.	2	61	6	9
Sex	Female	Color or Race	white	Birth-place	Germany
Occupation				Where Residing if not at place of death	
Married, Single or Widowed	Widow	Name of Wife or Husband			
Father's Name	Henry Elgent			Father's Birthplace	Germany
Mother's Maiden Name	Helmutta Bernau			Mother's Birthplace	
Name of person giving information	Mary Mack			How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	66	How long	2 mos
Immediate	Cardiac Failure		How long	-
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Address	les Neer 619 St Pat Park Ave
Accident or Suicide?				

Ch. Nees.

— Mt. Camul

11/5/06

H. Sander ^{By} 8m.

Name
In
Full

Charles H Martin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widower				
Father's Name	don't know				
Mother's Maiden Name	"				
Name of person giving Information	Julia Hefting				

CAUSES OF DEATH

Primary

Palto Fracture

(X)

How long

2 days

Immediate

General Debility - Shock

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

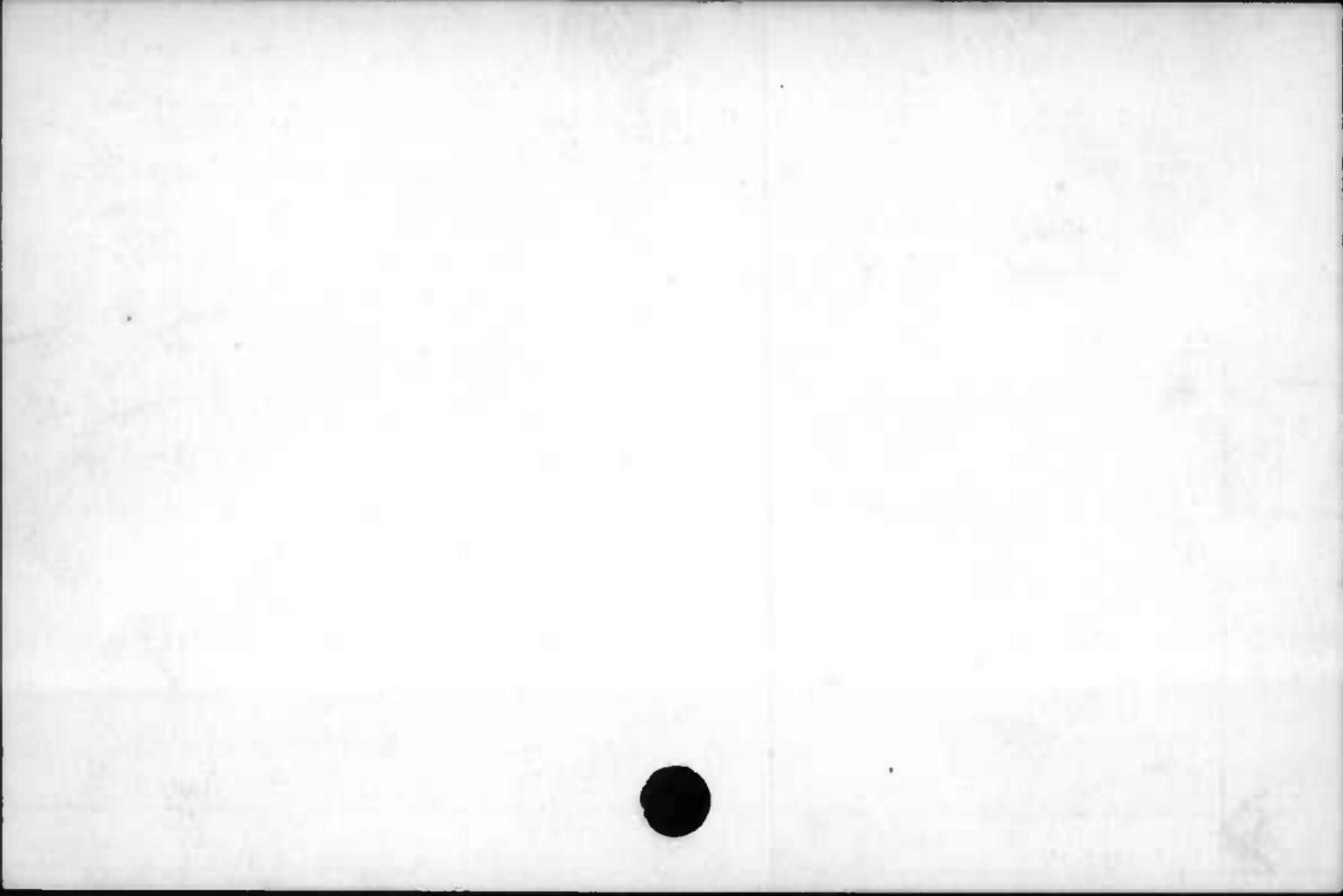
Signature of Physician

Address

S. S. Dowling,
Elliott City,
Md.

8

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Daniel Earl Mast

CERTIFICATE OF DEATH

MARYLAND

Died at Long Green		Baltimore County			
Date of death 1906 Nov.	Month 10	Day	Age 6	Years	Months
Sex Male	Color or Race	White		Birth-place Maryland	Days
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Daniel K. Mast					Father's Birthplace Maryland.
Mother's Maiden Name Sadie Isenroek					Mother's Birthplace "
Name of person giving information Daniel K. Mast					How related to deceased Father

CAUSES OF DEATH

Primary

Diphtheria Croup

(9)

How long

5 days

Immediate

"

How long

" "

Are the name, age, sex, color, date and place correctly given above?

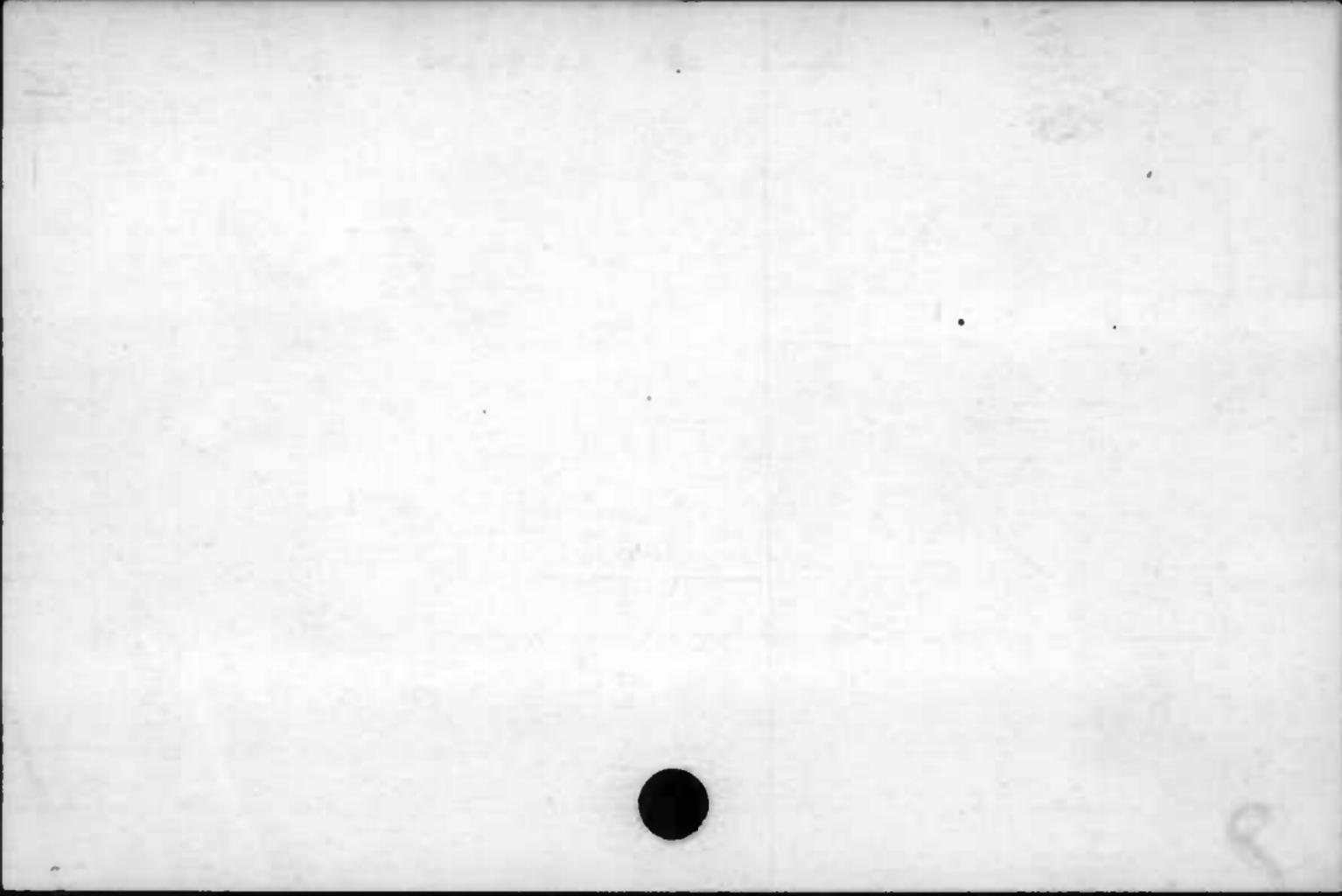
Signature of Physician

Address

J.W. S. Green
SittingePHYSICIAN
OR CORONER

9

Accident or Suicide?



Name
in
Full

Sadelle G. Mayers

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

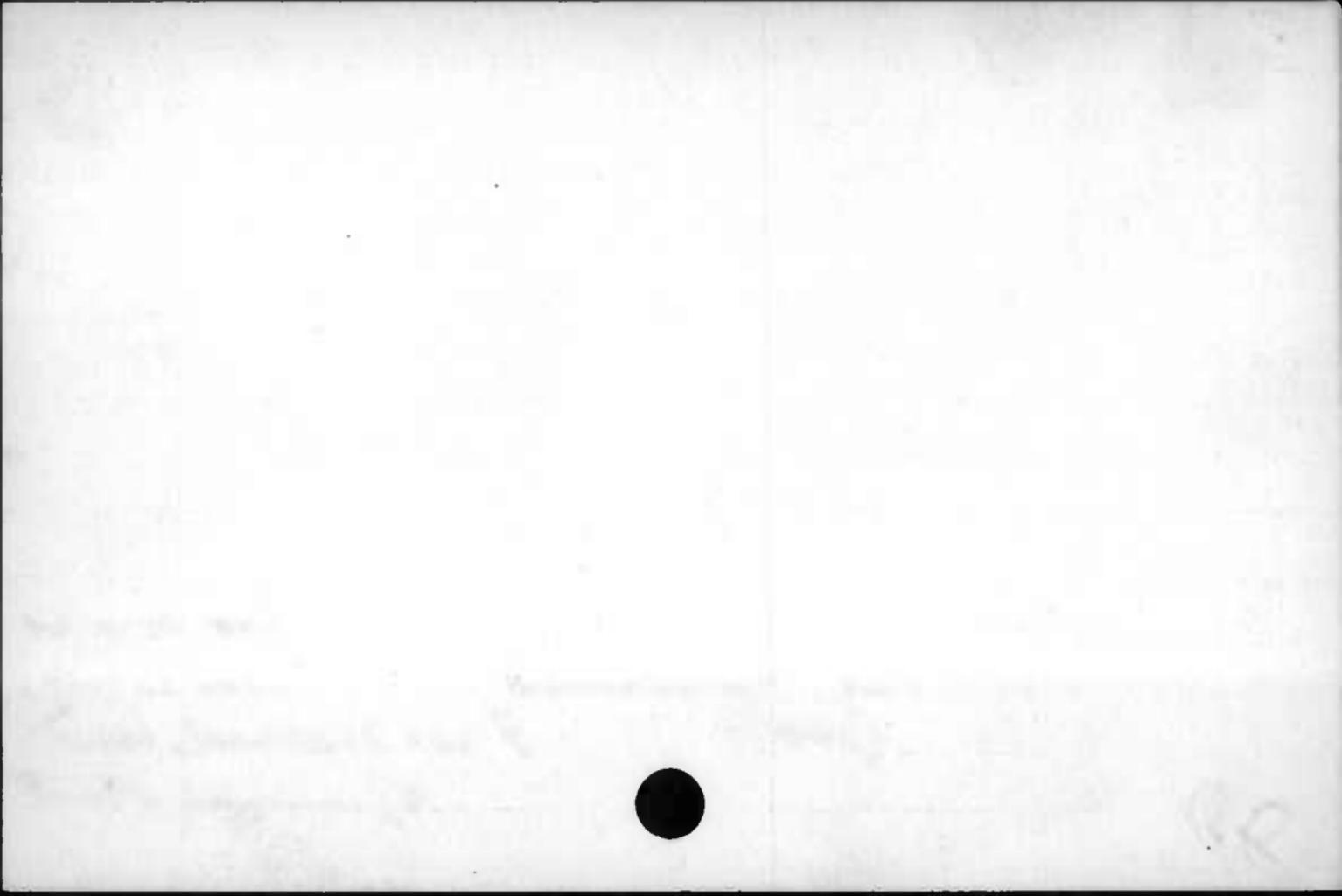
Died at	Town	County	MARYLAND		
Date of death 1906	Month Nov	Day 24	Years 32	Months	Days
Sex Female	Color or Race colored	Occupation	Birthplace Rutherford		
Married, Single	Single		Maid Servant		
Name of Wife or Husband					
Father's Name	Nicholas Mayers		Father's Birthplace	Calloway	
Mother's Maiden Name	Mary Jane Cordery		Mother's Birthplace	Sparswood	
Name of person giving information	James H. Mayers		How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	3 weeks
Immediate	Vomiting Intestinal Hemorrhage	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?	Geo	Signature of Physician	A. R. Mitchell
		Address	Wausau, WI
Accident or Suicide?			

8



Name
in.
Full.

John Ongal

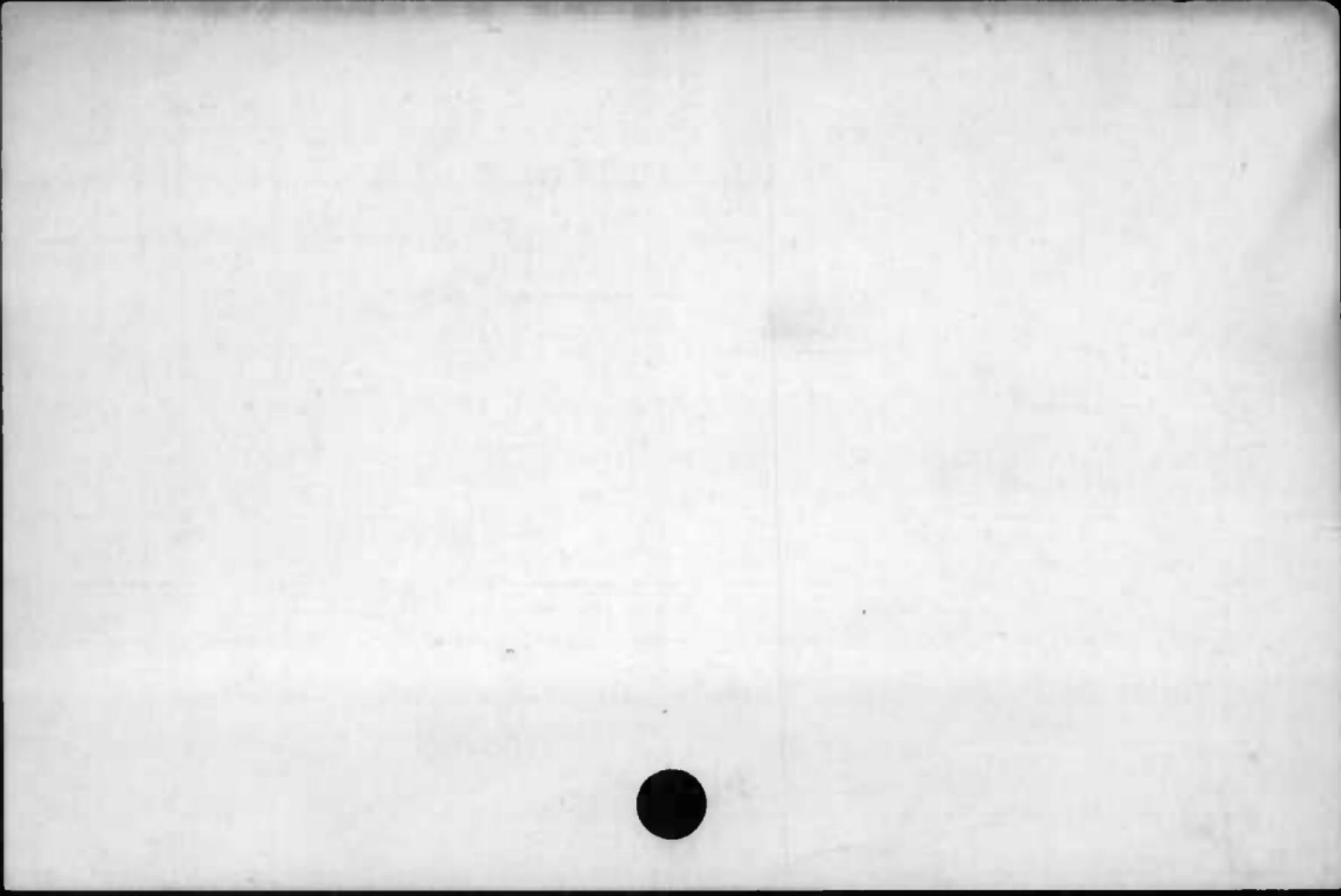
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Sparrows Point		Town	County Baltimore		MARYLAND	
Date of death 1900	Month Nov.	Day 8	Years 38 yr	Months	Days	
Sex Male	Color or Race White	Birth-place Europe				
Occupation Laborer	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Gory Ongal					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					

PHYSICIAN
OR CORONER

CAUSES OF DEATH				
Primary	Cinnamaria	21	How long	In weeks
Immediate	Platinum Bullets	21	How long	In weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. C. E. Eldred, M.D.
			Address	Garrison Point
Accident or Suicide?				



Name
in
Full

Ernest Millitzer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fauquier</u>		County <u>Rva & L.</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>11</u>	Day <u>16th</u>	Age <u>86</u>	Years	Months — Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>			
Occupation <u>Tinsmith</u>		Where Residing if not at place of death <u>Place of death</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <u>Wm Grgt</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis Hemiplegia 64 How long 6 months
Immediate Central Hemiplegia - 3rd attack How long afterwards

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

No

Lutheran Cemetery
Kingsville Md

Name
in
Full

George Möller

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	none	
Father's Name	Germany		
Mother's Maiden Name	Germany		
Name of person giving information	How related to deceased		

George Möller
6 Nov 1906 Salt. Co.
Male white Maryland
Laborer
none
Valentine Möller Germany
Teresa Denuing Germany
Frank Möller Maryland

PHYSICIAN
OR CORONER

Primary

Epilepsy

CAUSES OF DEATH

(a)
6

How long

1 Year

How long

Immediate

Convulsions

Are the name, age, sex, color, date and place correctly given above?

Yes

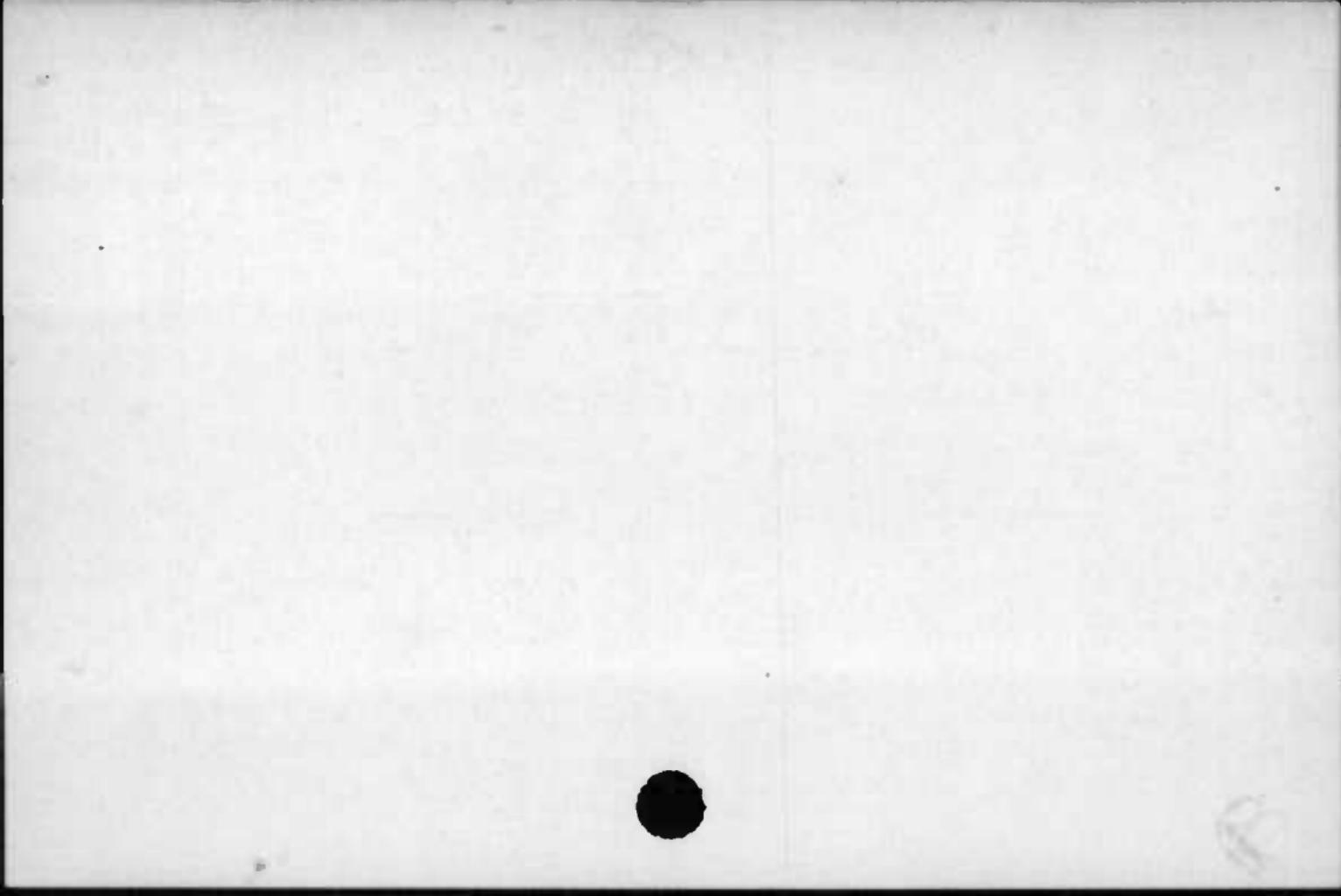
Signature of Physician

Address

Frank Corse Md.

Gardenville
Md

Accident or Suicide?



Name
in
Full

Cornelius Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month Nov	Day 14	Age 18	Years	Months 6 Days 23
Sex Male	Color or Race White	Birth-place Balt.			
Occupation Miner	Where Residing if not at place of death 6 N. Clinton St				
Married, Single or Widowed Single	Name of Wife or Husband -	Father's Birthplace Balt.			
Father's Name Thomas Moon	Mother's Birthplace Hoxford				
Mother's Maiden Name Mary Powers	How related to deceased Mother				
Name of person giving information Mary Powers					
CAUSES OF DEATH					
Primary	Pulmonary Tuberculosis	How long 18 Mos			
Immediate Exhaustion	How long				

PHYSICIAN
OR CORONER

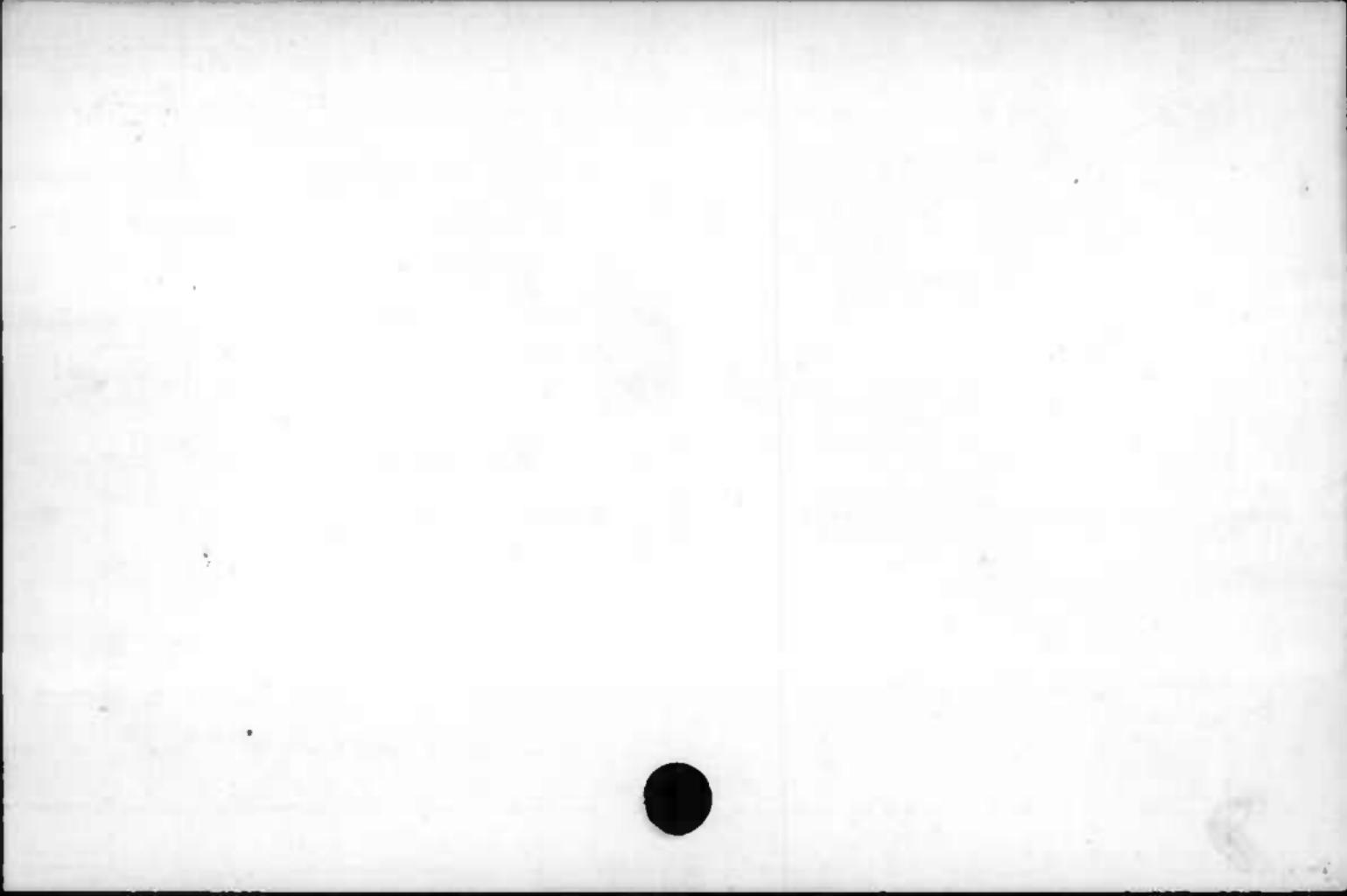
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. J. Powers MD
2571 E. Dorstow St.

Accident or Suicide?



Name
in
Full

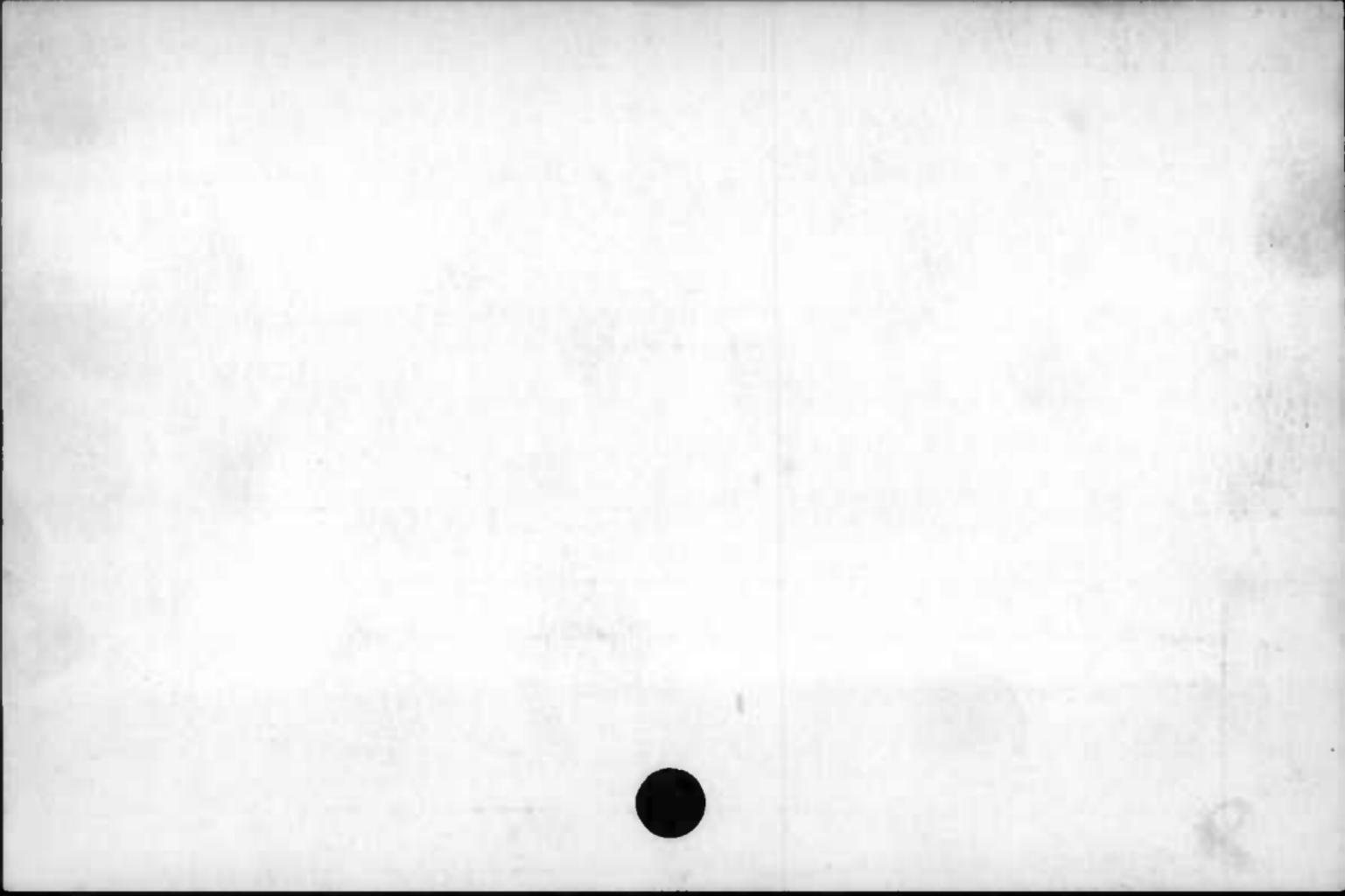
TO BE ANSWERED BY
NEAREST FRIEND

Jane Closs				CERTIFICATE OF DEATH			
Bred at	Town	County		MARYLAND			
Date of death 190	Month	Day	Years	Months	Days		
6 October	18		60	*	x		
Sex	Female	Color or Race	White, Irish	Birth-place	Ireland		
Married, Single or Widowed	Single	Occupation	Servant				
Name of Wife or Husband	x						
Father's Name	Unknown	Father's Birthplace	Unknown				
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown				
Name of person giving Information	Hospital Register	How related to deceased	Not related				
CAUSES OF DEATH							
Primary	Mitral Insufficiency	How long	1 yr.?				
Immediate	Obstruction & Noncompensation	How long	3 weeks -				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Percy Wade M.D.				
		Address	Catonsville, Md.				

PHYSICIAN
OR CORONER

8

Accident or Suicide?



Name
in
Full

John Herman Muller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Long Green		Town Baltimore		County	
Date of death	Month Nov.	Day 11	Years Age 62	Months	Days
Sex Male	Color or Race white	Birth-place Germany			
Occupation None	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband J. E. Muller				
Father's Name unknown			Father's Birthplace	Unknown -	
Mother's Maiden Name "			Mother's Birthplace	"	
Name of person giving Information Herman Muller			How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General nervous condition

(65)

How long

6 years

Immediate

Breaking down of brain substance

How long

6 months

Are the name, age, sex, color, date and place correctly given above?

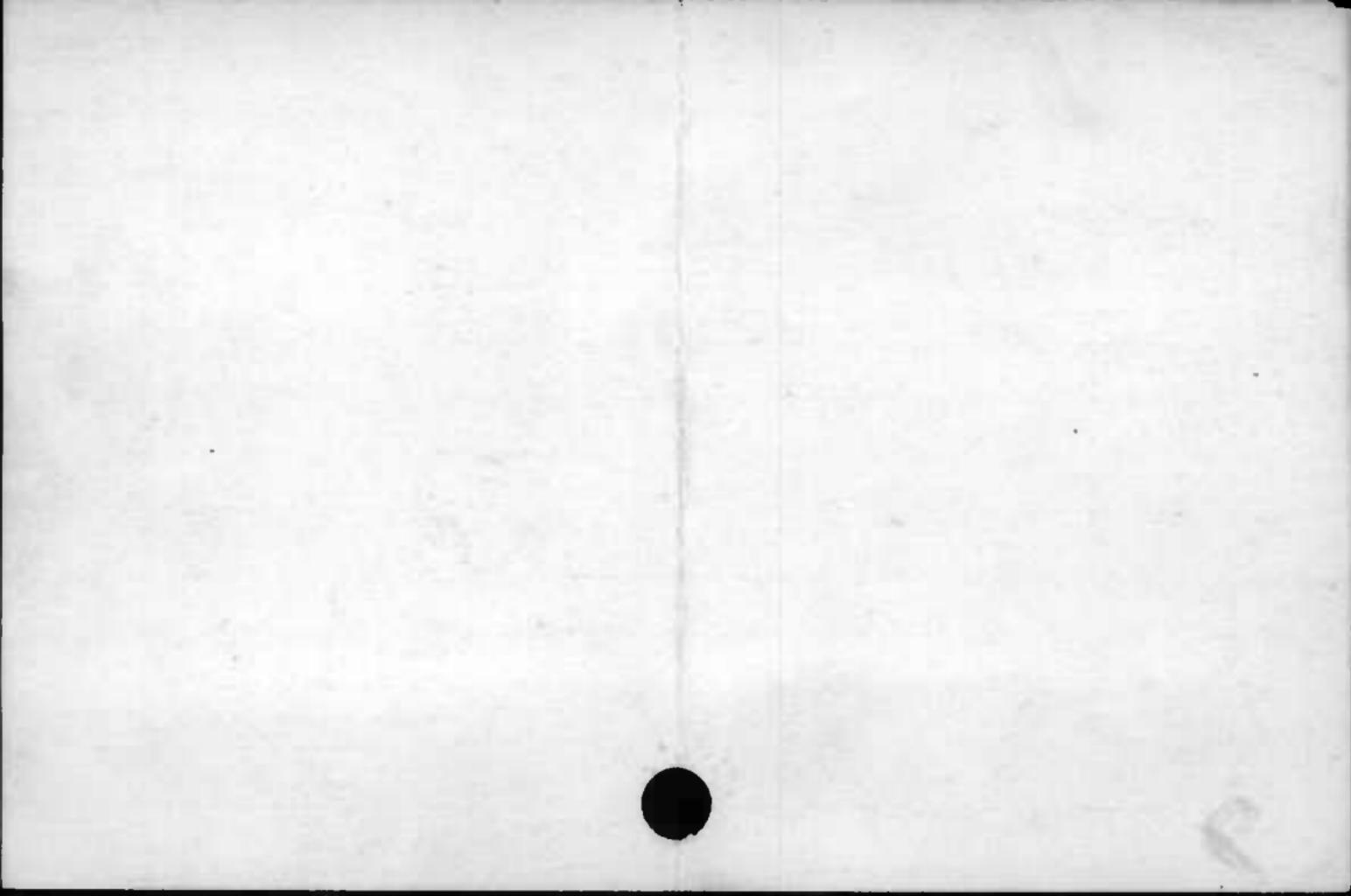
Signature of Physician

Address

J.W. S. Green

Gittings

Accident or Suicide?



Name
in
Full

John Munk

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Near Baltimore</i>	County <i>Baltimore</i>	MARYLAND		
Date of death	Month <i>Nov</i>	Day <i>26</i>	Age <i>82</i>	Years	Months Days
Sex	Male	Color or Race <i>White</i>	Birth- place <i>Germany</i>		
Occupation	<i>Farmer</i>				
Married, Single or Widowed	<i>Wedowed</i>	Name of Wife or Husband	Where Residing if not at place of death		
Father's Name	<i>George Munk</i>				
Mother's Maiden Name	<i>Not known</i>				
Name of person giving Information	<i>Frank Munk</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

*Senility.
Exhaustion*

154

How long

several years

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

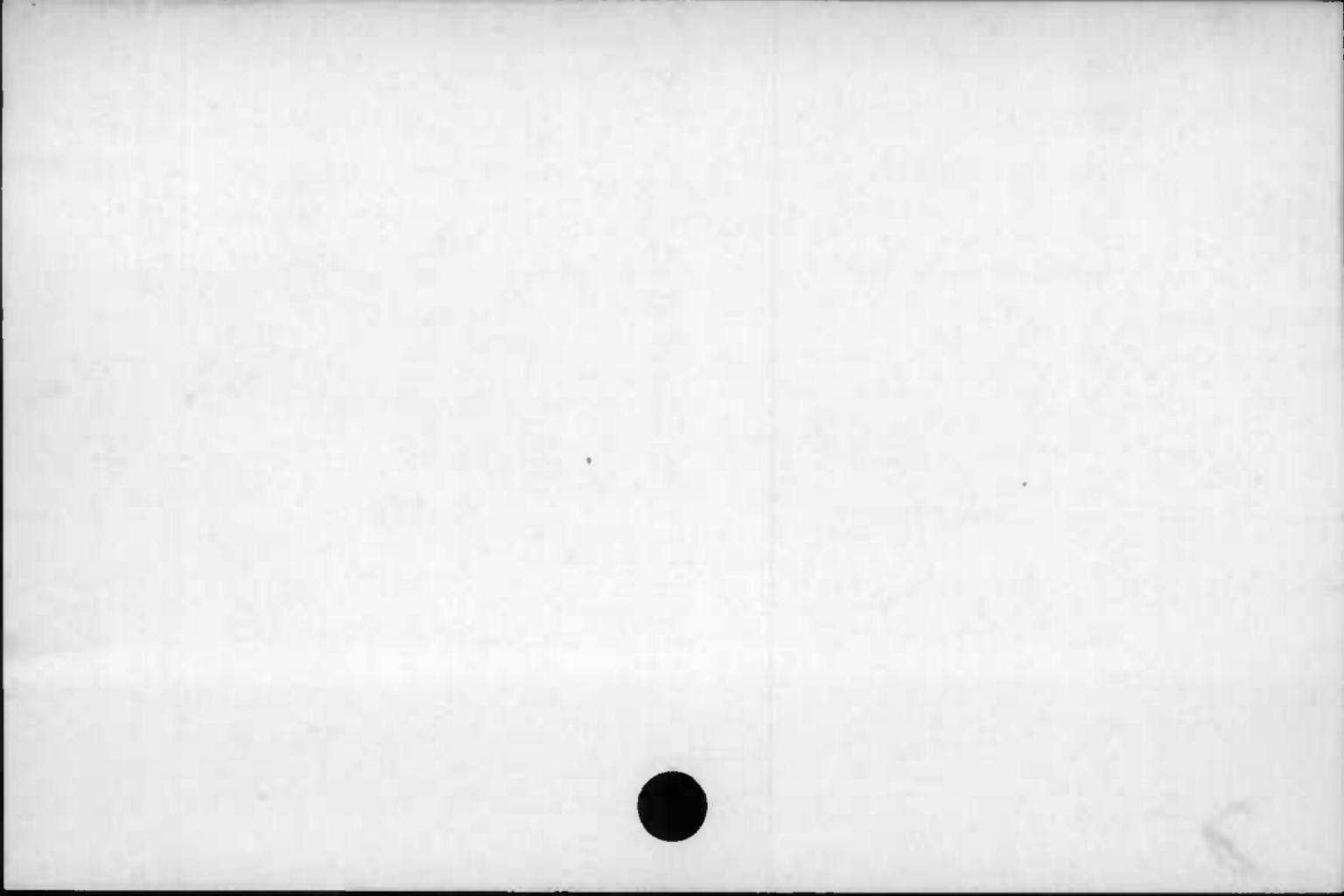
Signature of
Physician

Address

Dr G. L. Mattfeld
Baltimore Md

8

Accident or Suicide?



Name
in
Full

Owen J Murphy.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Halethorpe</u>		Town	<u>Baltimore</u> County	
Date of death <u>1906</u>	Month <u>Nov</u>	Day <u>14</u>	Years <u>59</u>	Months
Sex <u>male</u>	Color or Race <u>White</u>	Age	Birthplace <u>Ireland</u>	Days
Occupation <u>Horse Shoes</u>	Where Residing if not at place of death <u>Halethorpe Md.</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Annie E Murphy</u>			
Father's Name <u>Patrick Murphy</u>	Father's Birthplace <u>Ireland</u>			
Mother's Maiden Name <u>Annie Ward</u>	Mother's Birthplace			
Name of person giving information <u>Annie E Murphy</u>	How related to deceased <u>Wife</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Enteritis.

106

How long

Two months

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Rev. W. Harper.
Halethorpe.

Accident or Suicide?

J

New Cathedral Cemetery

MARTIN FAHEY & SONS,

Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993,

Name
In
Full

Bernard A. Murray.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
of death 1906	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Bessie A. Murray.			
Father's Name	Thomas Murray.				
Mother's Maiden Name	Mary Murray				
Name of person giving information	Reuben A. Murray				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute alcoholism

Immediate Collapse

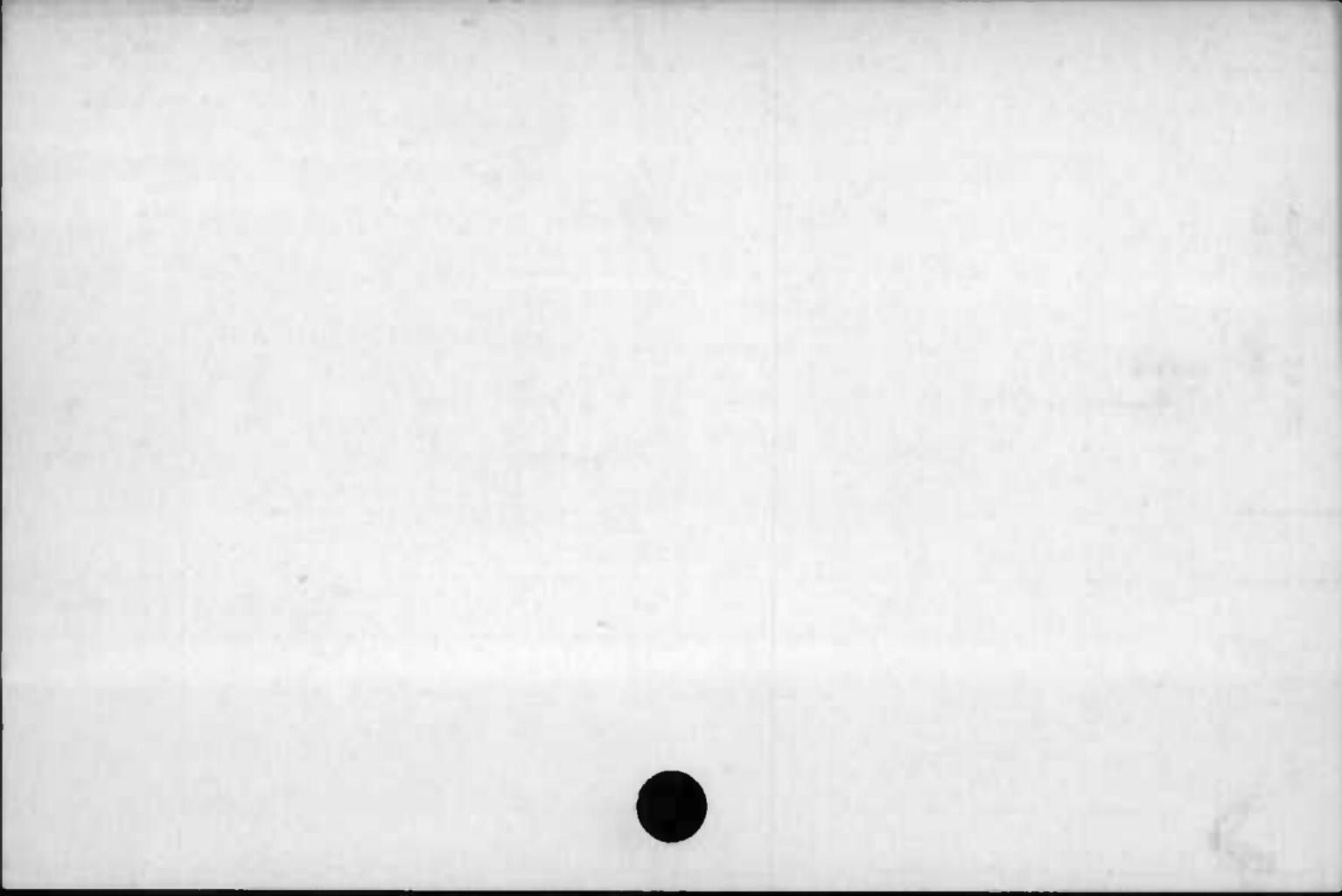
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. W. Shaw
St. Agnes Hospital

Accident or Suicide?



Name
in
Full

Barbara Naser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Washington Road			
Father's Name	Christopher Naser			Father's Birthplace	Germans
Mother's Maiden Name				Mother's Birthplace	Germans
Name of person giving Information	George Naser 142			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Gangrene of foot	How long	3 m/o
Immediate	Exhaustion	How long	

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. B. Hall

Address

Int. Missions

Accident or Suicide?

for Jordan's Home Place

Name
in
Full

Nannie M. Perkins

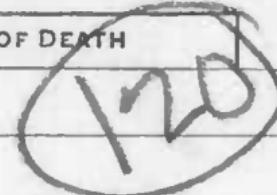
CERTIFICATE OF DEATH

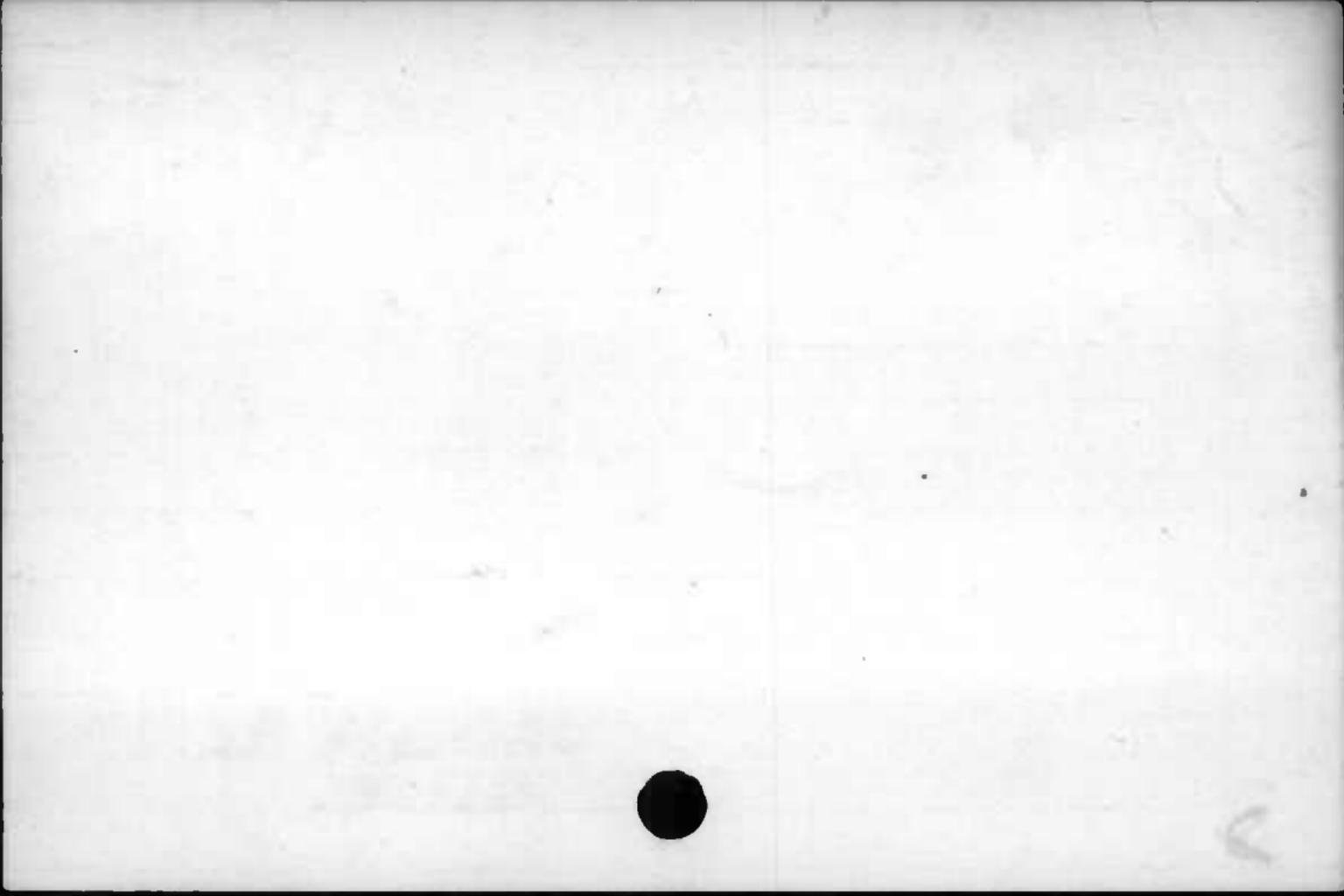
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Forest Park</i>		County <i>Baltimore</i>	MARYLAND	
Date of death	Month <i>1906</i>	Day <i>11</i>	Years <i>43</i>	Months <i>11</i>	Days
Sex	<i>Female</i>	Color or Race <i>W.</i>	Birth-place <i>Maryland</i>		
Occupation	<i>X</i>		Where Residing If not at place of death <i>X</i>		
Married, Single or Widowed	Name of Wife or Husband <i>Harry L. Perkins</i>		Father's Birthplace <i>Maryland</i>		
Father's Name	<i>Joseph W. Abey</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name	<i>Sophia C. Fuller</i>		How related to deceased <i>Husband</i>		
Name of person giving information	<i>Harry L Perkins</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>			How long <i>5 or 6 years</i>
Immediate	<i>Uremia</i>			How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician <i>Henry Chandler M.D.</i>		
		Address <i>742 W. North Ave.</i>		
Accident or Suicide?				



Name
in
Full

Mary J. Phelps

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Aloria J. Phelps				
Father's Name	Wm Quinn				Father's Birthplace	Island
Mother's Maiden Name	not known				Mother's Birthplace	Island
Name of person giving information	Aloria J. Phelps	(S)			How related to deceased	Husband

CAUSES OF DEATH

Primary	Consumption pulm. fol. Pneumonia	How long	7 mo
Immediate	Weakeness & wasting	How long	7 mo

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Edgar M. T. 1605 Dr. North St.
Baltimore Md.

Accident or Suicide?

David Riedger

Nov. 16 - 06

J. S. Marshall

3539 Falls Road

Hda Pobletts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	near Resistertown		Baldo			
Date of death	1906	Month Nov	Day 6	Age	Years	Months
Sex	Female	Color or Race	white	Birth-place	Balto. Co. Md.	
Occupation						Where Residing if not at place of death
Married, Single or Widowed						
Father's Name	Single					
Mother's Maiden Name	William E. Pobletts					Father's Birthplace
Name of person giving Information	Mollie B Constantine					Mother's Birthplace
	William E. Pobletts					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Alacunus

71

How long

1 month

Immediate

Convulsions

1 hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Franklin D. Est.

Resistertown

8

Accident or Suicide?

Deer Park

Name
in
Full

Edward Burk.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND
Date of death	Month	Day	Years	Months Days
Sex	Male.	Color or Race	White	Birth-place
Occupation	Salon keeper.			Where Residing if not at place of death
Married, Single or Widowed	Married	Name of Wife or Husband		
Father's Name	Edward Burk.		Father's Birthplace	England
Mother's Maiden Name	Hanna Nagle		Mother's Birthplace	"
Name of person giving information	Deceased		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER



Primary Zotar Pneumonia. (93) How long 8 days.

Immediate Toxemia. How long -

Are the name, age, sex, color, date and place correctly given above?

yes.

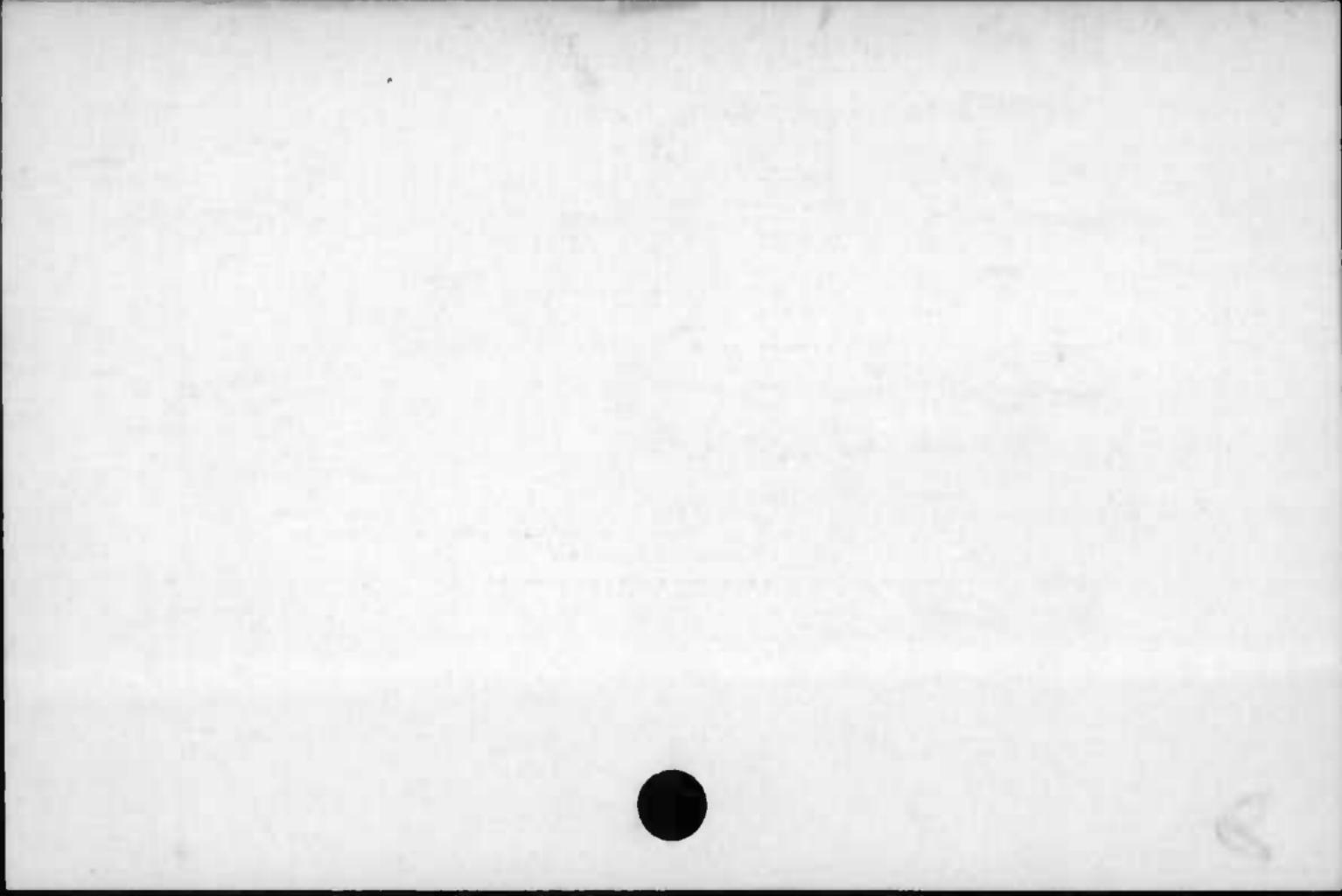
Signature of Physician

J. W. Shaw,

Address

St Agnes Hospital.

Accident or Suicide?



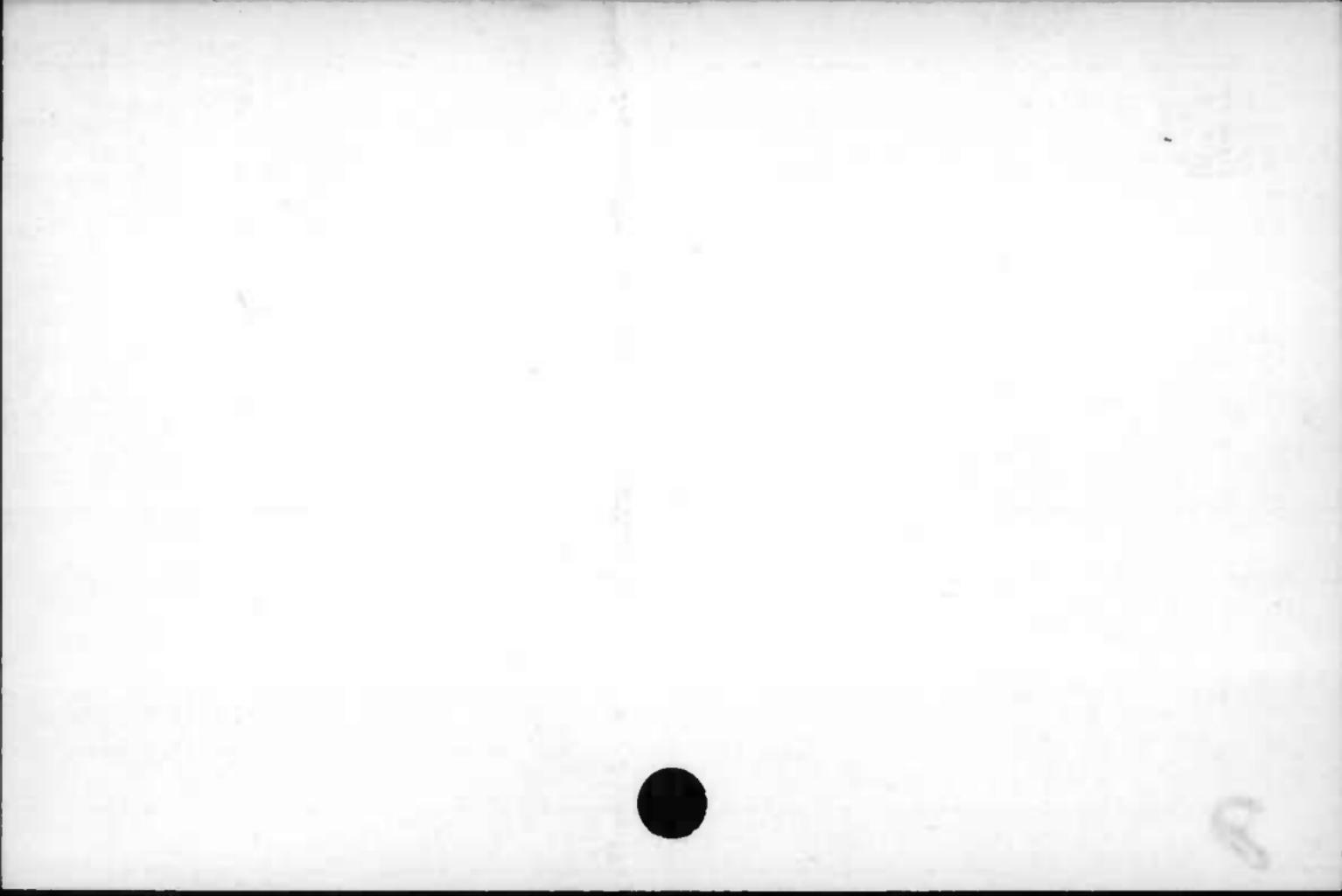
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Alice H. Rawlings					CERTIFICATE OF DEATH	
Died at Warren		Town	Md.		County	MARYLAND
Date of death	1906	Month Apr.	Day 18	Years	Months 5	Days —
Sex female	Color or Race white		Where Residing if not at place of death		Birth-place Warren Md	
Occupation —						
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Alice Rawlings				Father's Birthplace Balt.	
Mother's Maiden Name	Rose Christie				Mother's Birthplace Balt Co.	
Name of person giving information	H. Christie				How related to deceased Father.	

PHYSICIAN
OR CORONER

CAUSES OF DEATH				
Primary	Scarletina.			How long 8 days
Immediate	Convulsions Conv.			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	B. T. Burrey	
		Address	Tefas Md	
Accident or Suicide? 8				



Name
in
Full

Mary Reif

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Relish	Birth-place	Balto. Co Md.	
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	George L. Reif		Father's Birthplace	Md.		
Mother's Maiden Name	Margie Berger		Mother's Birthplace	Germany		
Name of person giving information	George L. Reif		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth

How long

(15)

Immediate

Fetus in utero

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Off Alvey,
2 Hudson St. So

Accident or Suicide?

9

Holy Redeemer Cemetery

Nov. 12th 1906

Germannus France

sonder latine

Name
in
Full

Still Born Reynolds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth- place	Md.
Married, Single or Widowed			Occupation		

Name of Wife or
Husband

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Edward Reynolds

Elean R. Alexandria

Theo. Alexandria

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

Md.

Md.

Grandfather.

CAUSES OF DEATH

Primary	Still Born.	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		H.W. H. Ward M.D. Harrisonville Md.



Name
in
Full

Grene E. Redgely

CERTIFICATE OF DEATH

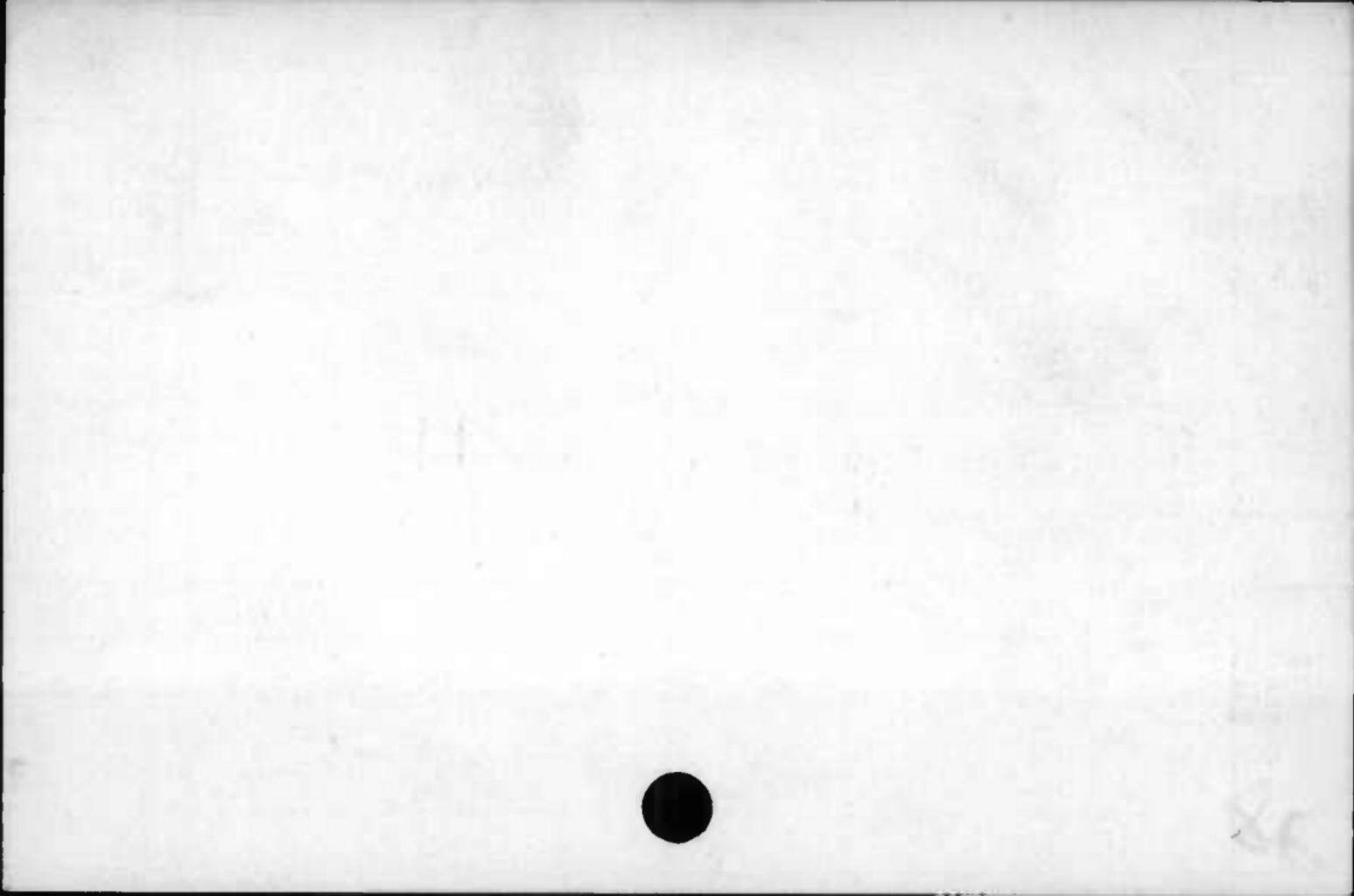
TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND		
Died at <u>Orilla</u>	<u>Baltimore</u>				
Date of death <u>1906 November 16</u>	Month	Day	Age <u>4</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Howard Co</u>	Days		
Occupation <u>run</u>	Where Residing if not at place of death <u>Orilla</u>				
Married, Single or Widowed <u>run</u>	Name of Wife or Husband				
Father's Name <u>Nicholas Redgely</u>	Father's Birthplace <u>Howard Co</u>				
Mother's Maiden Name <u>Ide Johnston</u>	Mother's Birthplace <u>Howard Co</u>				
Name of person giving information <u>Dr H B Orme</u>	How related to deceased <u>brother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>congestive Meningitis</u>	⑨	How long <u>2 weeks</u>
Immediate <u>seizure</u>	⑩	How long <u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Address
Accident or Suicide?	<u>The doctor is not</u> <u>accidentaly</u>	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Mariad H. N. Ridgely

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Nicholas Ridgely			Father's Birthplace	Md	
Mother's Maiden Name	Ida B. Johnson			Mother's Birthplace	Md	
Name of person giving Information	Ida Johnson			How related to deceased	Md	

CAUSES OF DEATH

How long

6 days

How long

3 hours

PHYSICIAN
OR CORONER

Primary

Laryngeal diphtheria

Immediate

Exhaustion

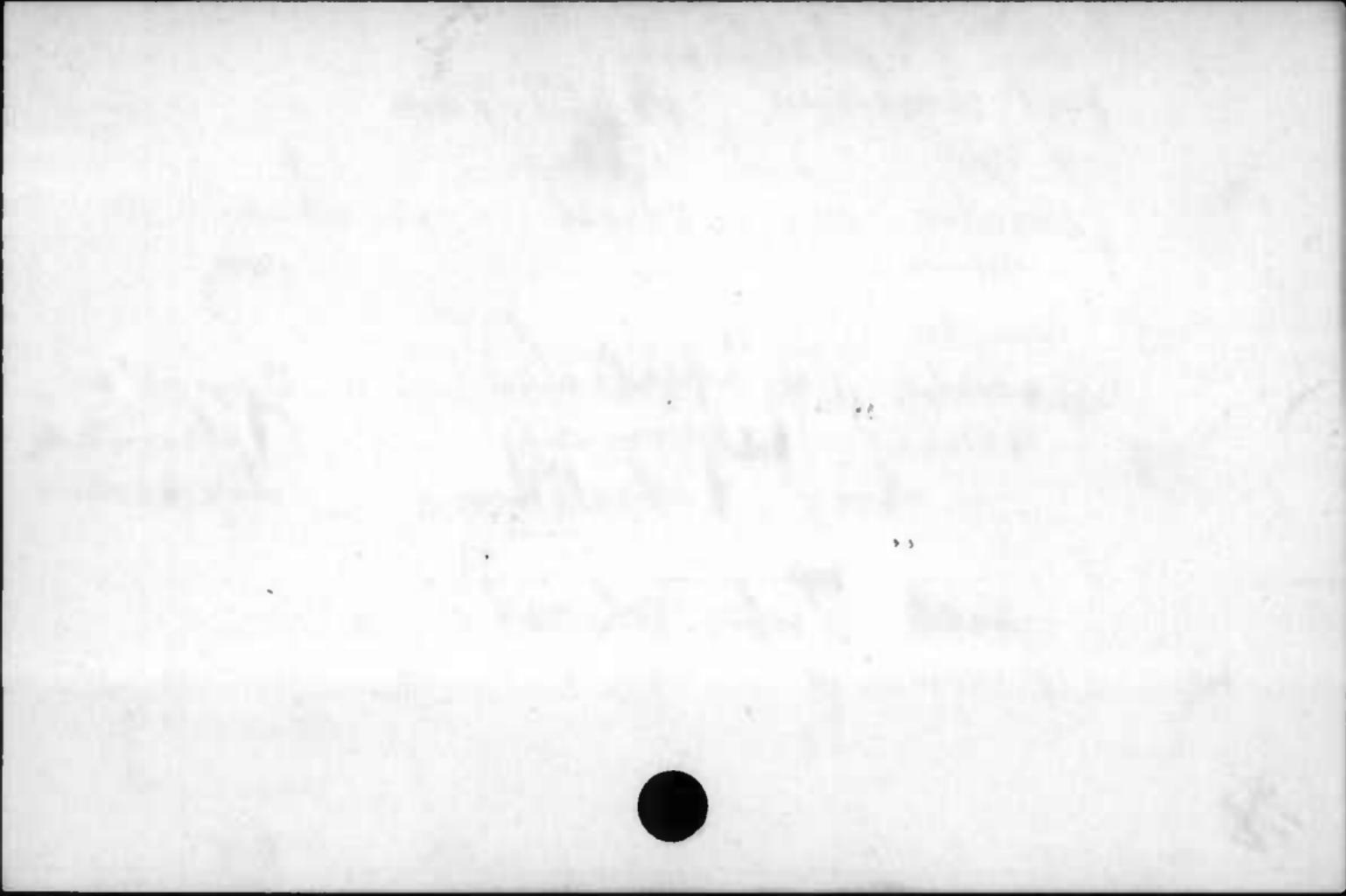
Signature of Physician

N. C. Shad M.D.

Address

Ellis City

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

D

CERTIFICATE OF DEATH

Died at		Town <i>Mt. Vernon</i>	County <i>Baltimore</i>		MARYLAND	
Date of death	Month <i>1906 Nov</i>	Day <i>1st</i>	Years <i>21</i>	Months <i>10</i>	Days <i>1</i>	
Sex <i>female</i>	Color or Race <i>white</i>		Birth- place <i>Baltimore</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>					

Married, Single
or Widowed
Single

Name of Wife or
Husband
—

Father's
Name
Jessie Robertson

Father's
Birthplace
Carroll Co.

Mother's
Maiden Name
Mary Belvoir

Mother's
Birthplace
Baltimore

Name of person giving
Information
David Robertson

How related
to deceased
Stepbrother.

CAUSES OF DEATH

Primary

General Tuberculosis

How long
(3x)

Immediate

Adema of Lung.

How long

Are the name, age, sex, color, date
and place correctly given above?

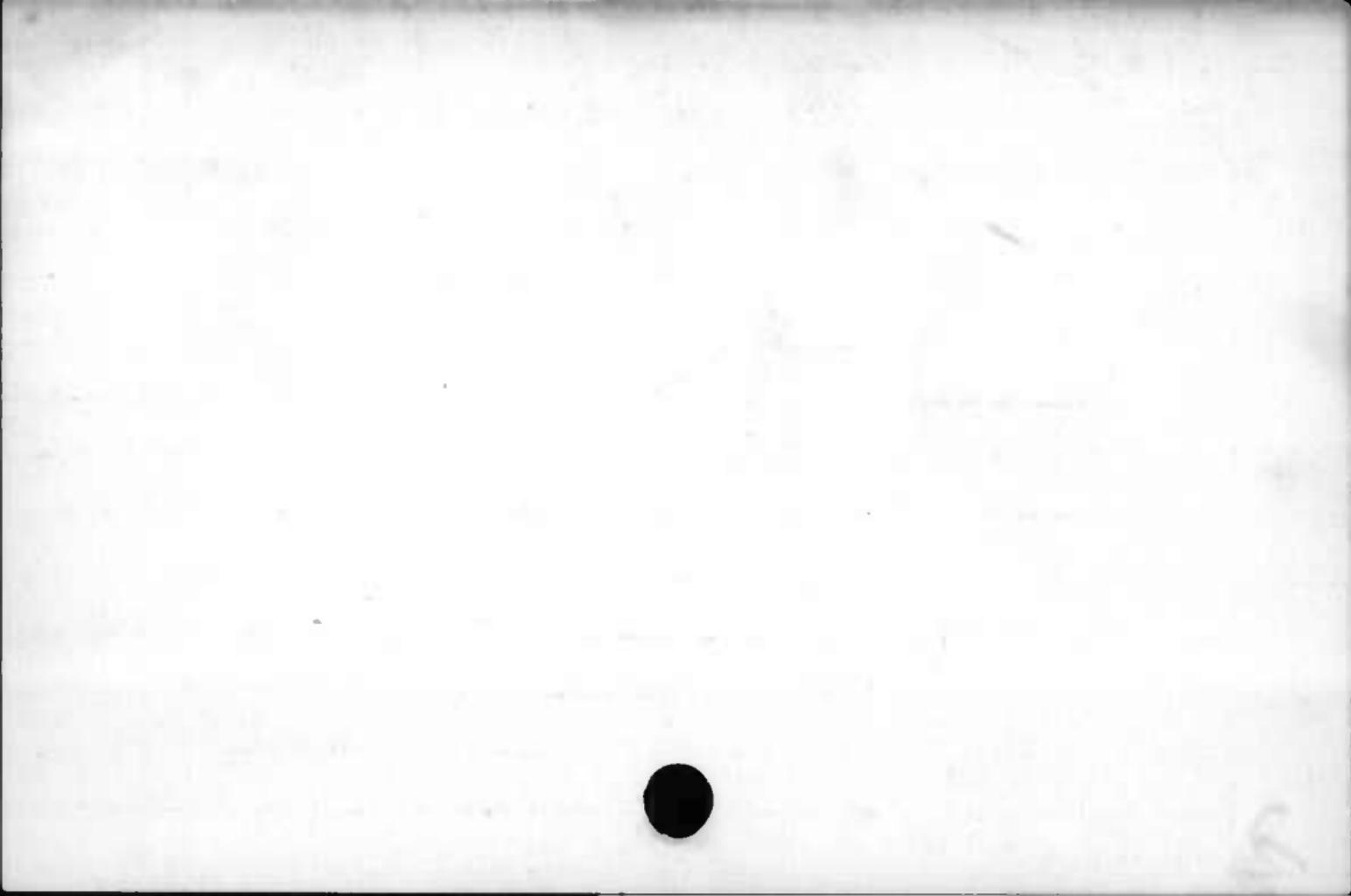
yes

Signature of
Physician

Address

*Baltimore
Mt. Vernon
Md.*

Accident or Suicide?



Name
in
Full

Vernon H. Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Color or Race		White		Birth-place		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	James T. Robinson		Father's Birthplace		Maryland		
Mother's Maiden Name	Cornelia H. Frey.		Mother's Birthplace		Indiana		
Name of person giving information	James T. Robinson		How related to deceased		Father.		

CAUSES OF DEATH

Primary

Hypertension

How long

6 months

Immediate

Cerebral

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. W. Stultz, M.D.,
Catawissa, Pa.

Accident or Suicide?



Name
in
Full

Mary Anna Rodgers

CERTIFICATE OF DEATH

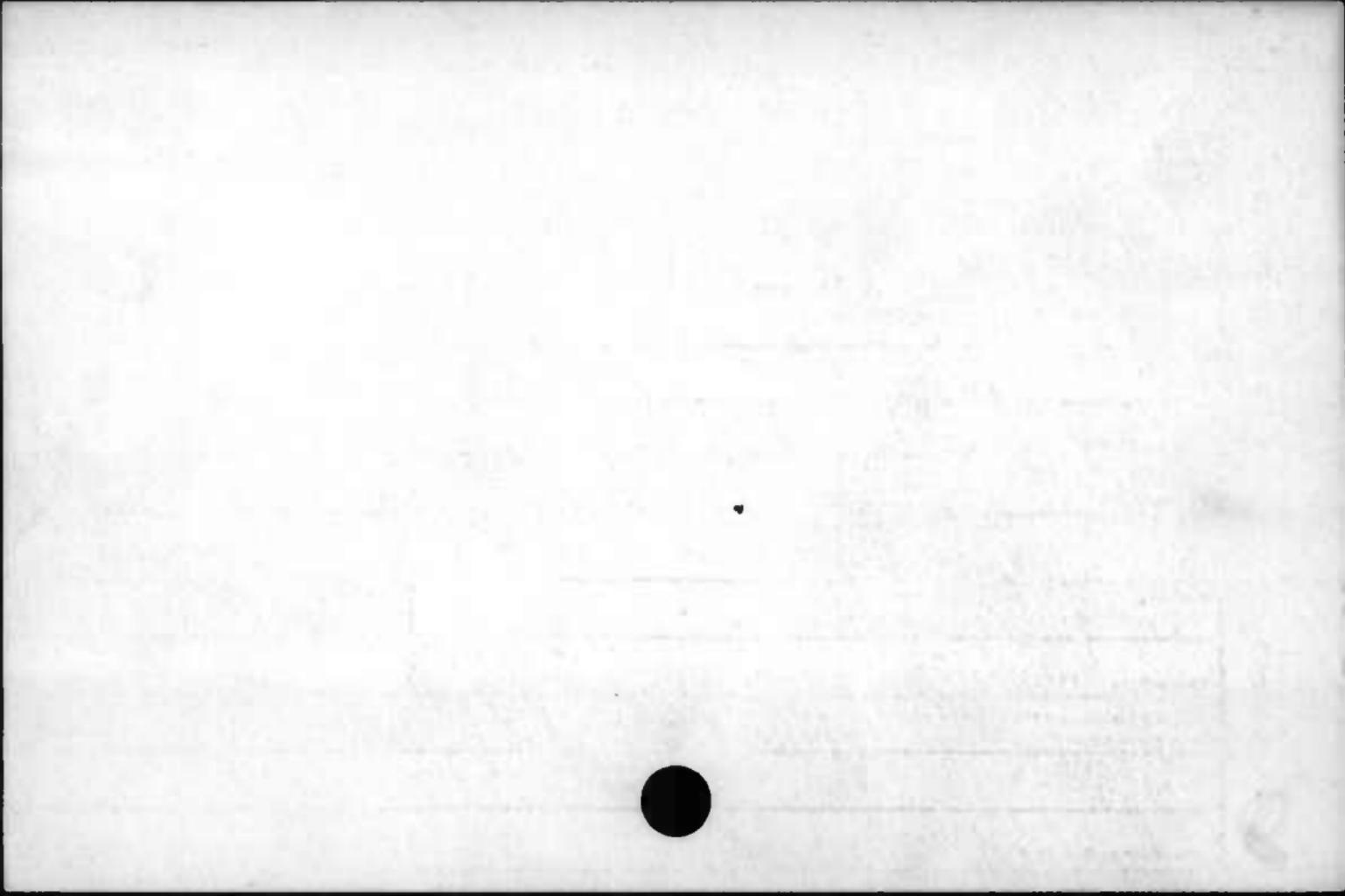
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND	
Date of death 190	Month Nov	Day 6	Years 30	Months 11	Days 10
Sex Female	Color or Race American	Birth-place Baltimore			
Married, Single or Widowed Single	Occupation				
Name of Wife or Husband					
Father's Name James W. Rodgers	Father's Birthplace Baltimore				
Mother's Maiden Name Laura V. Graham	Mother's Birthplace				
Name of person giving information Mary Rodgers	How related to deceased Brother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	4 years
Immediate	Tuberculous Peritonitis	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Page Edmund G.
		Address	630 N. Gilmore St. Baltimore Md.
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Frank Rogers				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	White	Birth-place	Unknown			
Occupation		Where Residing if not at place of death		Sparsors Point			
Married, Single or Widowed	Name of Wife or Husband	Unknown		Unknown			
Father's Name	Unknown		Father's Birthplace	Unknown			
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown			
Name of person giving information	Jas Blain		How related to deceased				

CAUSES OF DEATH

Primary

Run over by R.R. car

How long

Immediate

Accident

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

accident

Jas Blain J.P.
Sparsors Point
Md.



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Poplar Heights

County

Balto.

MARYLAND

Date
of death

1906

Month

Nov-

Day

8

Years

-

Months

-

Days

2

Sex

Color or
Race

white

Birth-
place

Poplar Heights

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Mike Schaffer

Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Premature Birth

151

How long

-

Immediate

Premature Birth

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

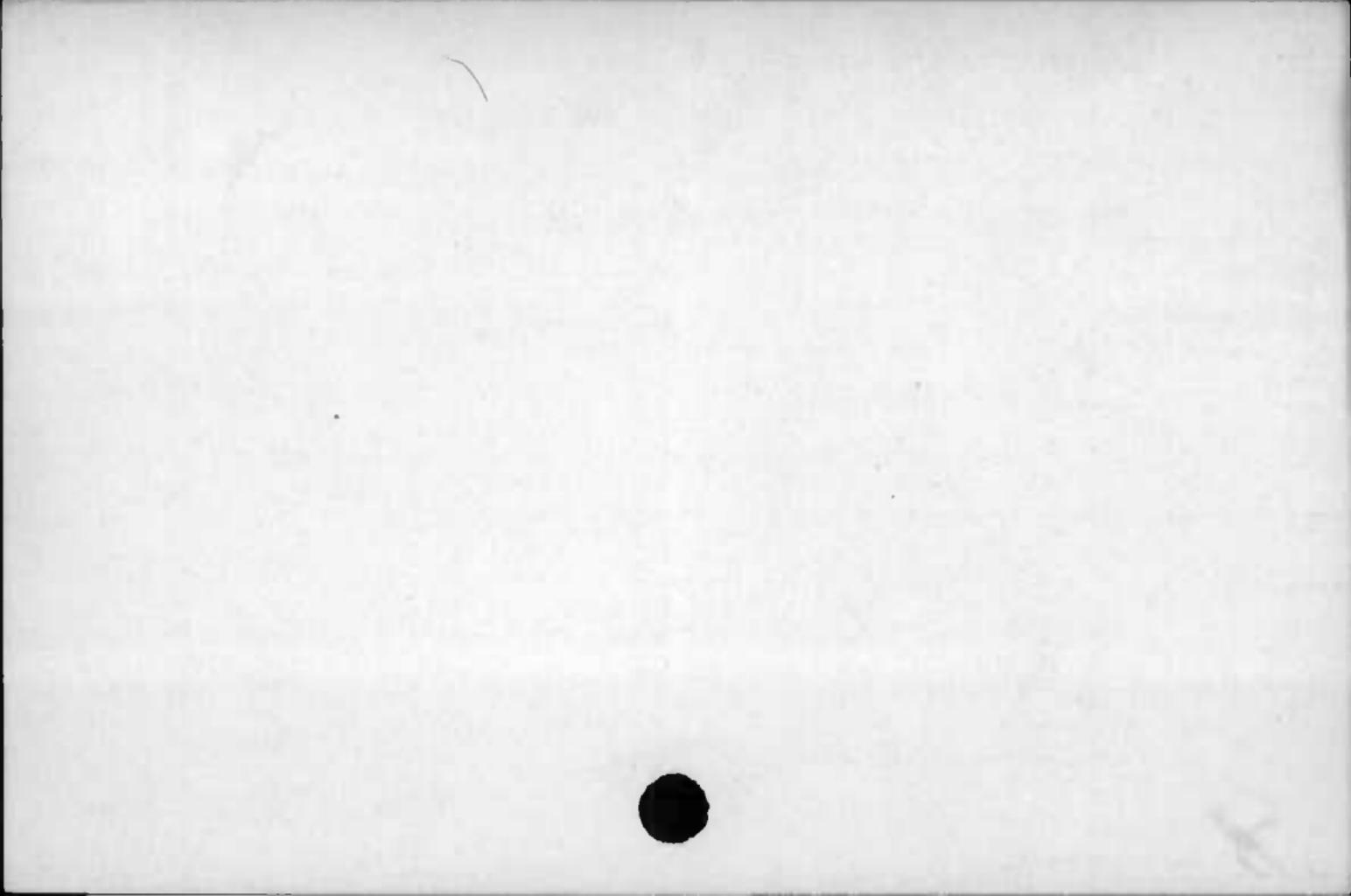
H.K. Peltzman M.D.

Address

Sparrow's Pt. Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Thomas Franklin Scovens						CERTIFICATE OF DEATH	
Died at Towson			Town Balto. County			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1906	Nov	30	5				
Sex	White	Color or Race	Colored				
Occupation	Stone	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Thyra Scovens					Father's Birthplace	Balto. Co
Mother's Maiden Name	Laura Foster					Mother's Birthplace	Balto. Co
Name of person giving information	Thyra Scovens					How related to deceased	Father

CAUSES OF DEATH

Primary

Tuberculosis.

(8)

How long

Immediate

Pertussis.

How long

Two weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

H. B. Stevens M. D.
per Daniel Jenifer at

Address

Towson, Md.

Accident or Suicide?

John Burns Son
Scovens Cents.
Providence
Ballot
Co

Name
in
Full

Daniel E Seaton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lawton</u>	^{Town} <u>Balt</u>	County	MARYLAND	
Date of death <u>1906</u>	Month <u>Nov.</u>	Day <u>16 -</u>	Years <u>13 -</u>	Months Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Md</u>		
Occupation <u>None</u>	Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name <u>James</u>	Father's Birthplace <u>Balt.</u>			
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>			
Name of person giving Information <u>—</u>	How related to deceased <u>—</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Nephritis

(119)

How long

4 weeks

Immediate

Uremia

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

D.W. Jones
3116 Edgewood

Accident or Suicide? —



Name
in
Full

Wecilah Seidensticker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1906	Nov	26	767			
Sex	Color or Race	Birth-place				
Female	white	Maryland				
Occupation	Where Residing if not at place of death					
Housewife	Sparrows Point					
Married, Single or Widowed	Name of Wife or Husband	Frederick Seidensticker				
Married	John Espey	Father's Birthplace Ireland				
Father's Name	Mother's Birthplace Ireland					
Mother's Maiden Name	Ireland					
Name of person giving information	How related to deceased Husband					
Frederick Seidensticker						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Diarrhea

How long

6 months

Immediate

exhaustion

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

106

J. McCormick M.D.

Sparrows Point
Md.

8

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Hunter Bladé

Died at Reisterstown Town Baltimore County

MARYLAND

Date of death 1906 Month Nov. Day 21 Years 2 mos. Months — Days —Sex Male Color or Race white Birth-place MdOccupation — Where Residing if not at place of death —Married, Single or Widowed Infant Name of Wife or Husband —Father's Name Harry M. Beale Father's Birthplace MdMother's Maiden Name Elizabeth A. Lovr Mother's Birthplace MdName of person giving information — How related to deceased —

CAUSES OF DEATH

(93)

Primary Croupous Pneumonia How long 10 daysImmediate — How long —PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Hunter Bladé
Reisterstown

8

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph Donnell Small

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1906	Month Nov.	Day 19	Years 65	Months 8	Days 8
Sex	Male	Color or Race	white			
Occupation	Shiproker			Where Residing if not at place of death Calverville		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary E. Small			
Father's Name	Joe. Small			Father's Birthplace	Braintree	
Mother's Maiden Name	Abbie G. Donnell			Mother's Birthplace	Mass	
Name of person giving information	Mary E. Small			How related to deceased	wife	
CAUSES OF DEATH						
Primary	acute Regurgitation, Left Hemiplegia			How long	5 days	
Immediate	Exhaustion			How long	5 days	

Are the name, age, sex, color, date and place correctly given above?

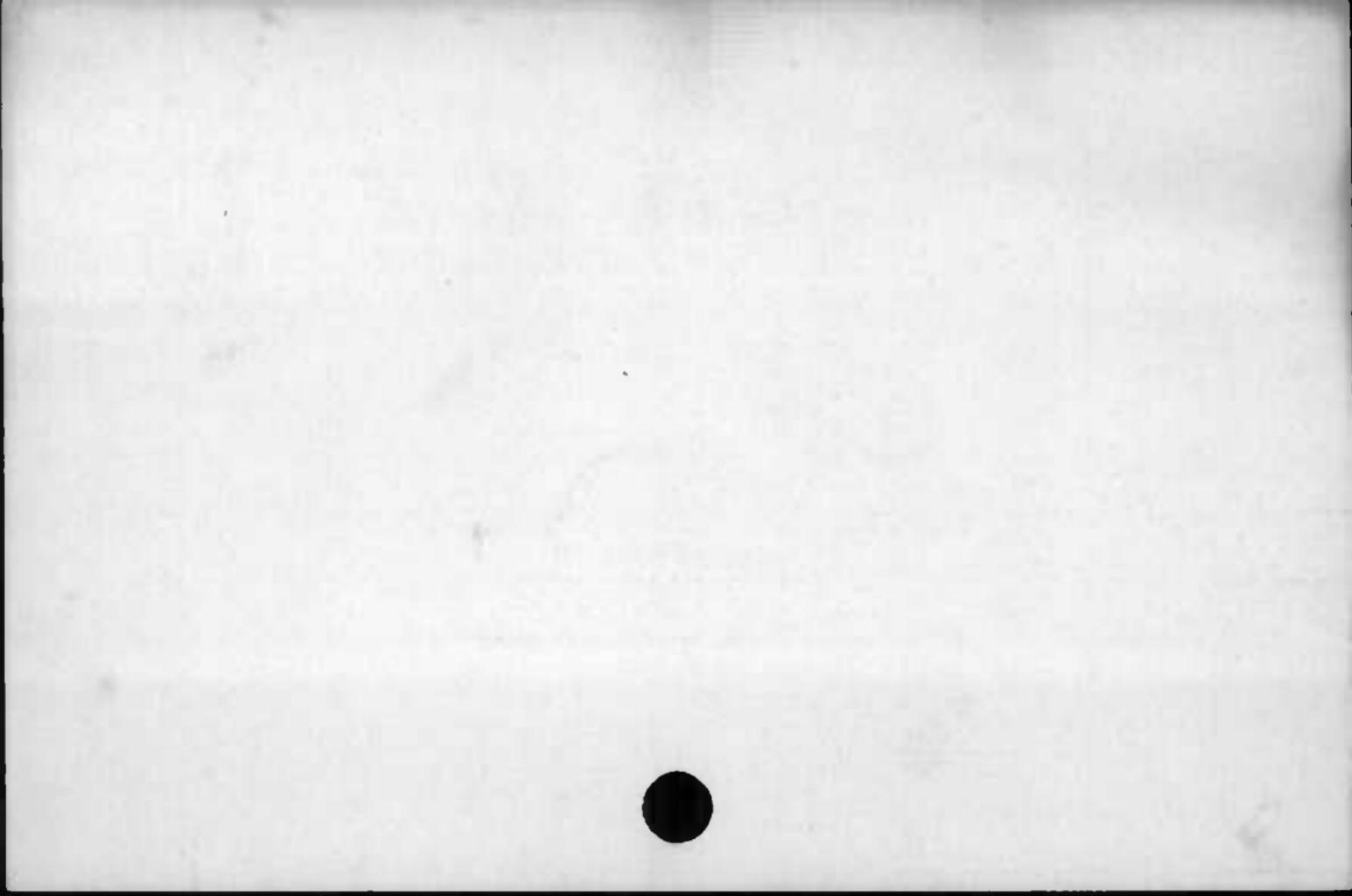
Yes

Signature of Physician

Address

J. Chat. Maguire.
Calverville
Md

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

George Smith Sr.					CERTIFICATE OF DEATH		
Died at	Town Country	County			MARYLAND		
Date of death	Month 11	Day 11	Age	Years	Months	Days	
Sex	Male	Color or Race	White	Birth- place	Germany		
Occupation	Farmer	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Mr. Smith					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information	George Smith			How related to deceased	Son		

CAUSES OF DEATH

Primary

Double Hernia

How long

Immediate

Signature of
Physician

Are the name, age, sex, color, date
and place correctly given above?

Yes

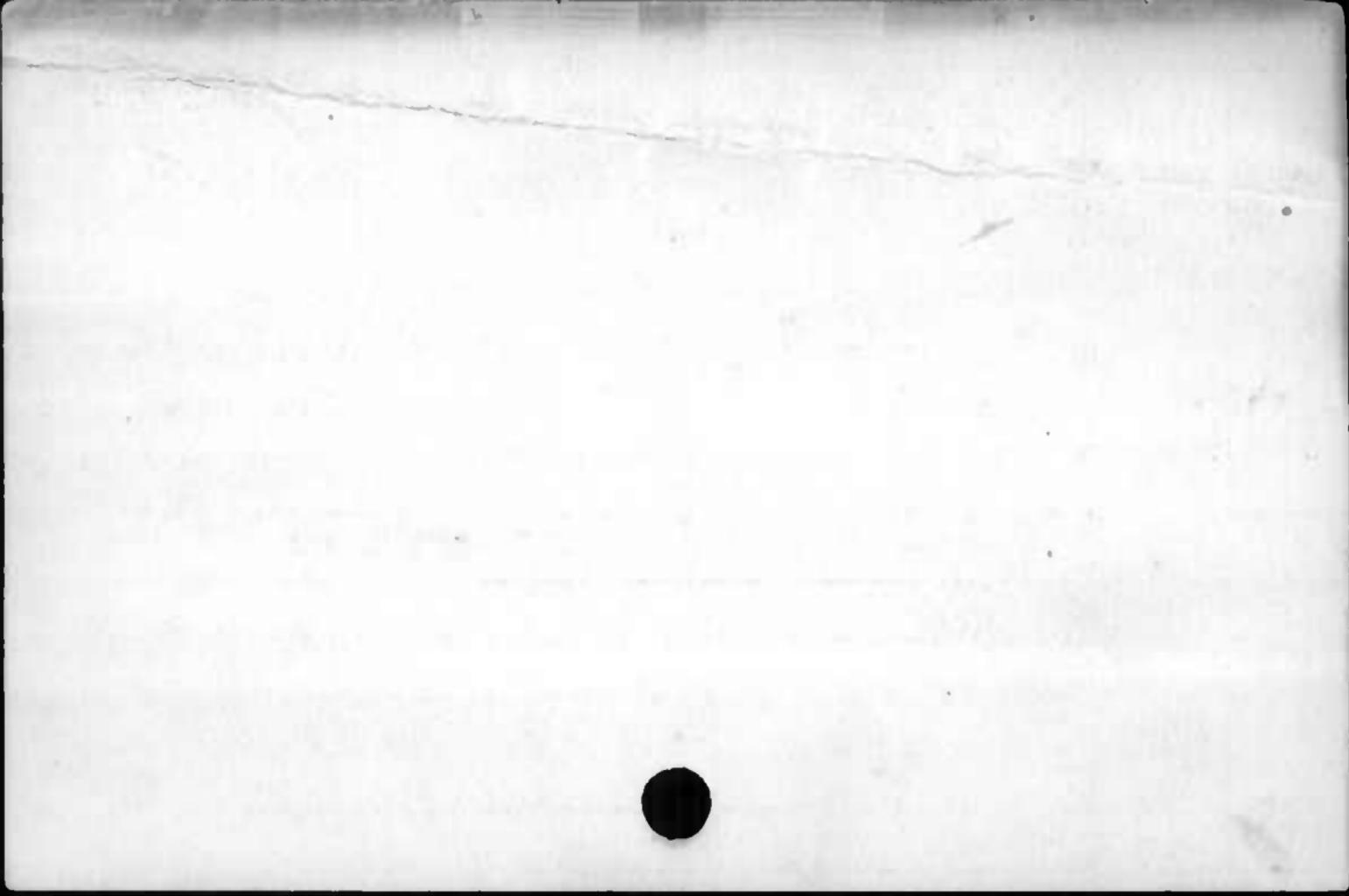
Address

17 Schutz Undertaker
Upper Falls MD

PHYSICIAN
OR CORONER

Accident or Suicide?

No



Name
in
Full

Henry Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Male	Color or Race	White
Occupation	Glass flattener	Where Residing If not at place of death	Westport
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Germany
Father's Name	Michael Smith	Mother's Birthplace	"
Mother's Maiden Name	Maryann Hump	How related to deceased	Sister-in Law
Name of person giving Information	Matilda Smith	(108)	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Obstruction of bowels	How long	2 days
Immediate	Exhaustion	How long	.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. Stall
		Address	W. M. Mission
Accident or Suicide?			



Name

in
FullChild of Wm. & Margaret Smith
Highlandtown

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

County
Balto.

MARYLAND

Date of death	Month	Day	Years	Months	Days		
1906	11	29	—	—	—		
Sex	Female	Color or Race	White	Birth-place			
Occupation	none	Where Residing if not at place of death			926)8th. St.		
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Wm. Smith					Father's Birthplace	Balto.
Mother's Maiden Name	Margaret Moerschell					Mother's Birthplace	Balto.
Name of person giving information	Wm. M. Smith					How related to deceased	Father

CAUSES OF DEATH

(51)

PHYSICIAN
OR CORONER

Primary

How long

—

Immediate

How long

—

Premature Birth

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Caroline Betz
912 E. Lombard St.

Highlandtown



Accident or Suicide?

No.

5th Ger Ref. Cem.

J. Herwig & Son

11/30/06

Name
in
Full

Johanna Stahl

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Highlandtown

County
Balto.

MARYLAND

Date
of death 1906

Month
11

Day
27th

Age

Years
73

Months
11

Days
20

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

None

Where Residing if not
at place of death

#1407 First St.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Henry Stahl

Father's
Birthplace

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Henry Stahl

Mother's
Birthplace

How related
to deceased

Son

CAUSES OF DEATH

NO

Primary

Barometric Stomach

How long

hours

Immediate

Emphysema

How long

weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

G. A. Staley

PHYSICIAN
OR CORONER

Accident or Suicide?

J. Henig & Son
2008 Atkins St.
5th German. Ref. Cemetery

Name
in
Full

Frank J. Stewart

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing at place of death			
Married, Single or Widowed	Name of Wife or Husband	Canton Sta house		
Father's Name	Joe stewart Back Rd.			
Mother's Maiden Name	Mary Chestnut Penna.			
Name of person giving Information	How related to deceased Joe F. Stewart Back			

CAUSES OF DEATH

Primary	Hemorrhage	(85)	How long	4 hours
Immediate	Nasal Hemorrhage		How long	not known
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician	P.A. Dunnigan
			Address	203 Toorke St.
Accident or Suicide?		Natural causes	Coroner.	

PHYSICIAN
OR CORONER

J.A. Dunnigan

Evans & Spence

118 & 120 Mt. Royal Ave.

Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

8

Mary Garrison Stewart				CERTIFICATE OF DEATH		
Died at <u>Gorhamton</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Nov.</u>	Day <u>8</u>	Age <u>85</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>md.</u>		
Occupation <u>Retired</u>	Where Residing if not at place of death <u>Arlington ave</u>					
Married, Separated or Widowed	Name of Wife or Husband <u>Mary G. Stewart</u>					
Father's Name <u>Ed. W. Stewart</u>	Father's Birthplace <u>md.</u>					
Mother's Maiden Name <u>Mary Wilcox</u>	Mother's Birthplace <u>md.</u>					
Name of person giving information <u>Mrs Gordon Green</u>	How related to deceased <u>Daughter</u>					

CAUSES OF DEATH

Primary

Syphilitis of old age

X
How long

Immediate

Hypertrophied Liver

10 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

John & Diana
101st Avenue
Baltimore

Accident or Suicide?

St Mary's Govans

Nov 10 /06

H. C. Windfield

Name
in
Full

Isaac Taven

11/3/1

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Rebecca Taven Russia		
Mother's Maiden Name	Hannah Taven " "		
Name of person giving information	Dr. Sam Wadsworth Brother		

Pistol shot in right temple
afternoon rain causing
suicide.

Primary
immediate cause of death
How long immediate

Immediate Hemorrhage of Brain
How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

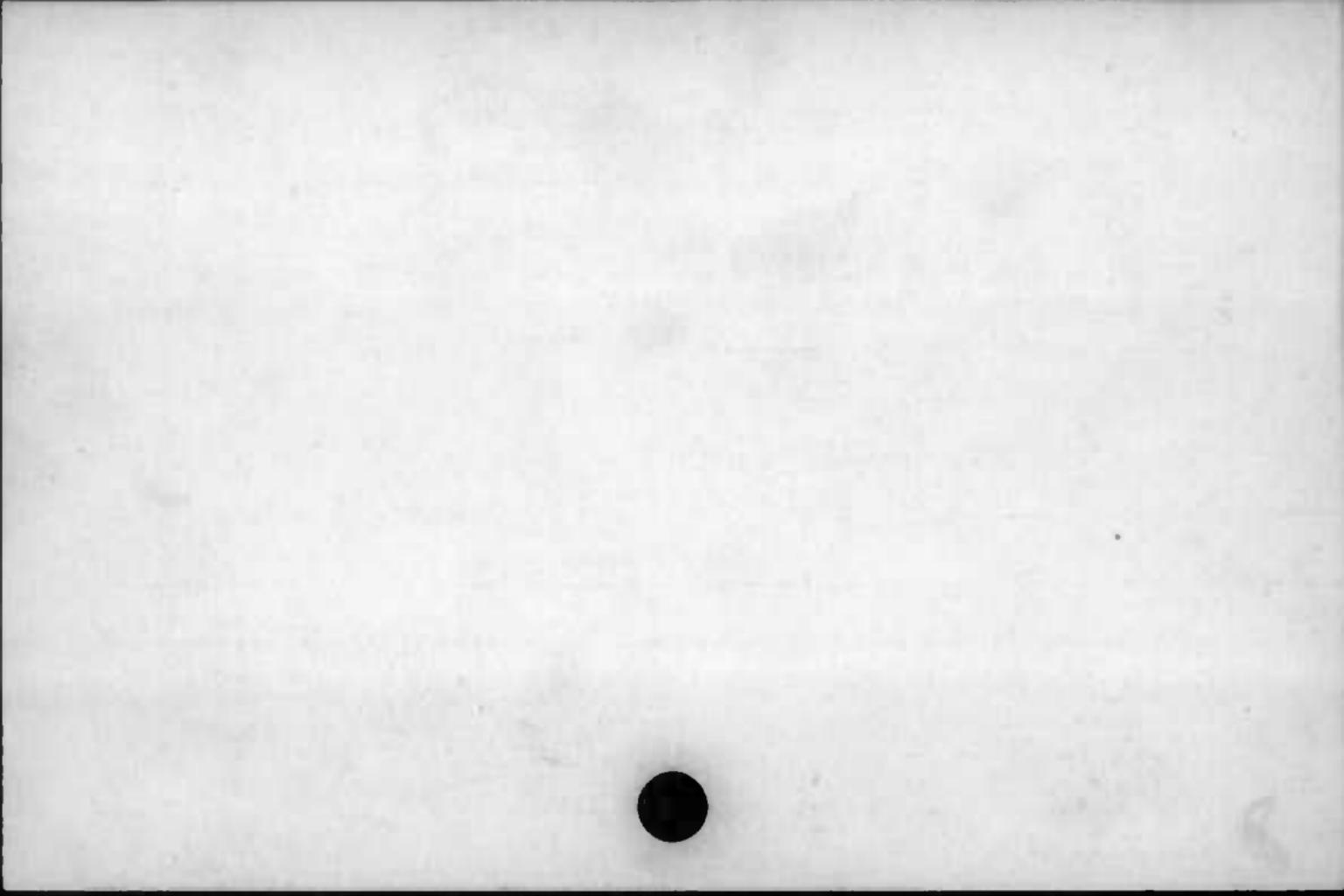
Signature of Physician

P. A. Dunnington
Address
203 Fremont St
Coroner

Accident or Suicide?

Suicide

DOCTOR CORONER



Walter Henry Thorne

CERTIFICATE OF DEATH

Died at Gorans town		Town	Baltimore		County		MARYLAND	
Date of death	1906	Month Nov	Day 20	Years 55	Age	Months	Days	
Sex	Male	Color or Race	white		Birth-place	England		
Occupation	Contractor		Where Residing if not at place of death			Hillen Road & Arlington Ave		
Married, S or Widowed			Name of Wife	Husband		alice E. Hogarth		
Father's Name	Henry Thorne					Father's Birthplace	England	
Mother's Maiden Name	Jane Shoemaker					Mother's Birthplace	England	
Name of person giving information	Alice E. Thorne					How related to deceased	wife	

CAUSES OF DEATH

Primary Pneumonia

93

How long 36 hours
How long a few hours

Immediate weak Heart

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. H. Duncan

Address

Gorans town Md

Accident or Suicide?

Wm Cook

5026 North Ave
Greenmount Cemetery

Nov 22 1906

Name
in
Full

John Taepfner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

P H Y S I C I A N
O R C O R O N E R

Died at <u>15 Dec + 16 AM</u>		Town <u>Baltimore</u>	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec.</u>	Day <u>3</u>	Age <u>34</u>	Years <u>34</u>	Months <u>9</u>	Days <u>25</u>
Sex <u>male</u>	Color or Race <u>W. white</u>	Birth-place <u>Baltimore City</u>				
Occupation <u>Carnage Painter</u>	Where Residing if not at place of death <u>at place of death</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Annie Taepfner nee Schmidtmann</u>					
Father's Name <u>Martin Taepfner</u>	Father's Birthplace <u>Germany</u>					
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>Germany</u>					
Name of person giving information <u>Mr Annie Taepfner</u>	How related to deceased <u>Wife</u>					

CAUSES OF DEATH

Primary

Pulmonary T.B.
Asthma

How long

10 mos.

Immediate

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yrs

Signature of Physician

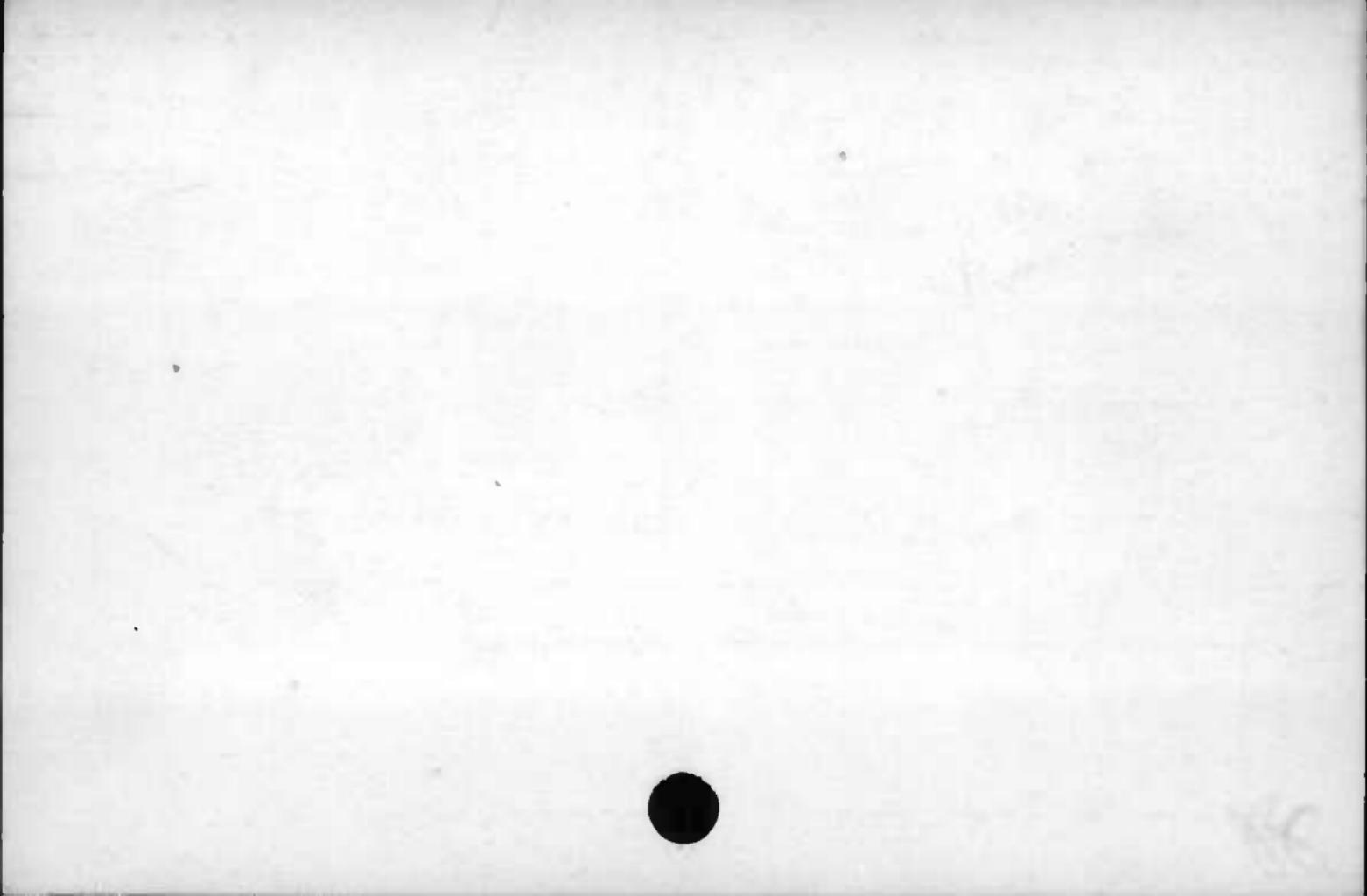
A. F. Ries

Address

213 S. Bond St

Baltimore

Accident or Suicide?



Name
In
Full

Anthony Tulin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at St Agnes Hospital.		Town Baltimore.	County Baltimore.	MARYLAND	
Date of death 1906	Month Nov.	Day 16	Age 56	Years	Months - Days -
Sex Male	Color or Race White	Birth-place Ireland			
Occupation Labourer.		Where Residing if not at place of death			
Married, Single or Widowed Widower	Name of Wife or Husband Mary Tulin				
Father's Name Edward Tulin					Father's Birthplace Ireland
Mother's Maiden Name Mary Brogan					Mother's Birthplace "
Name of person giving information Mary Tulin					How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Nephritis How long

Immediate Toxemia - How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J.W. Shaw

St Agnes Hospital

Accident or Suicide?



Name
in
Full

Rodwell Turner

CERTIFICATE OF DEATH

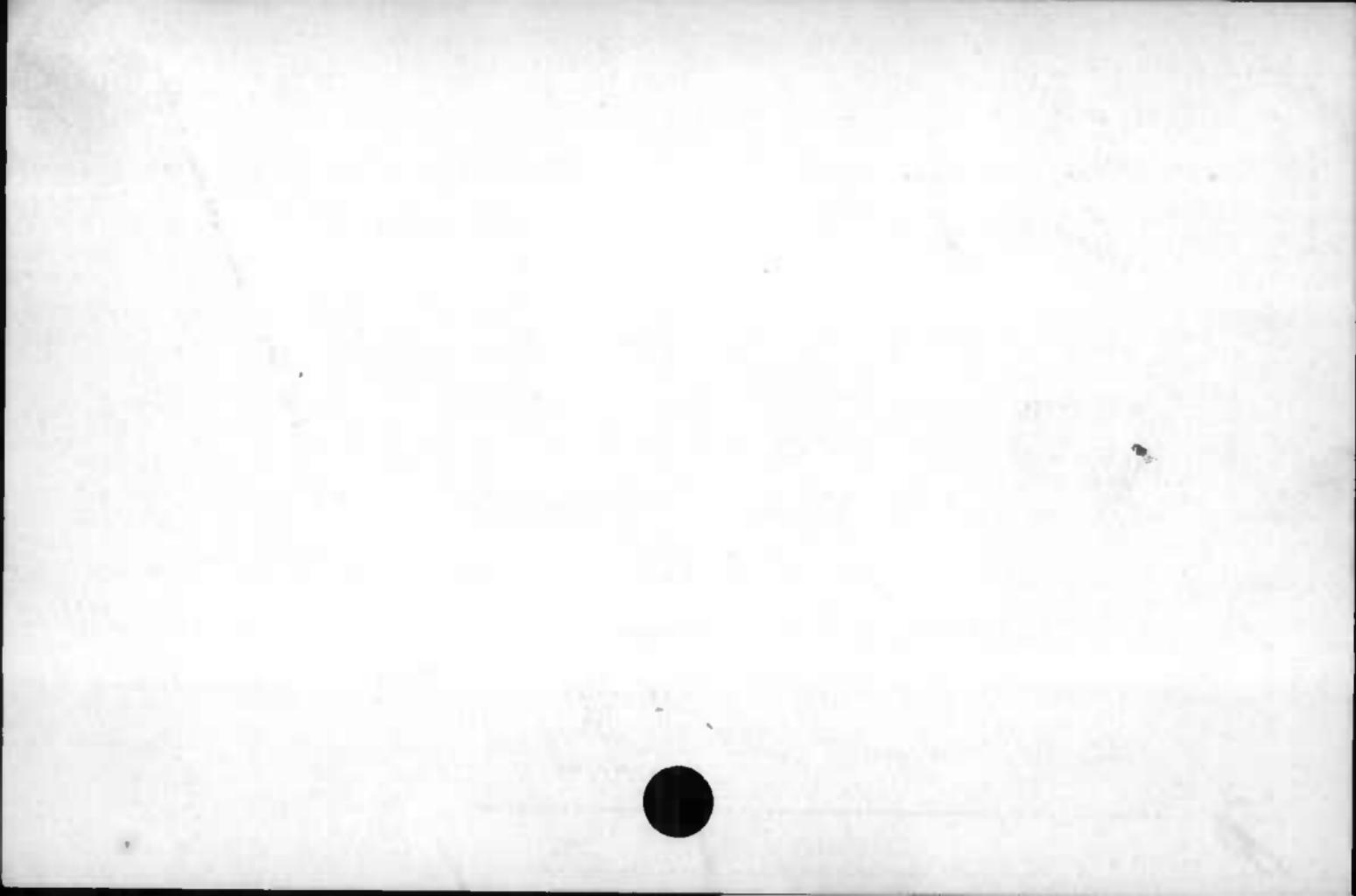
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		County		
Date of death	Month	Day	Years	Months	Days	
1906	November	3rd	60	10	1	
Sex	Male	Color or Race	White	Birth-place	Baltimore Md	
Married, Single or Widowed	Married	Occupation	Salvation			
Name of Wife or Husband	Sarah J. Turner					
Father's Name	Richard J. Turner	Father's Birthplace	Annapolis Md County			
Mother's Maiden Name	Susanna Harrison	Mother's Birthplace	Baltimore Md			
Name of person giving information	Isaac H. Gundiff	How related to deceased	Son-in-law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arthritis Deformans (33)	How long	3 years.
Immediate	Tubercular Pus in Kidney & Bladder.	How long	1 year.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. Hobart Clark
		Address	Arlington
8			
Accident or Suicide?			



Name
in
Full

Jesse Tyson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Brylburn House Batt. 60.				
Date of death	1906	Month November	Day 28	Years 80	Months
Sex	Male	Color or Race	White	Birth-place	Baltimore
Occupation	none	Where Residing if not at place of death			Brylburn
Married, Single or Widowed	married	Name of Wife or Husband	Isabel Johns Tyson		
Father's Name	Isaac Tyson				Father's Birthplace
Mother's Maiden Name	Hannah Ann Wood				Mother's Birthplace
Name of person giving Information	Walter de L. Poutney	How related to deceased			No relation

CAUSES OF DEATH

PHYSICIAN OR CORONER 8	Primary	Ulceration of Intestine (probably Tuberculosis)		How long	about 2 yrs.
	Immediate	Perforation & exhaustion		How long	about 10 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W. J. Lockwood	
			Address	8 E. Eager St. Baltimore	
Accident or Suicide?		no			

funeral Friday Nov 30/1906
Interment ^{1³0 p.m.} Friends Cem
Harford Road.

Wlofchuk & Sons Co
funeral directors

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joshua M. Upton

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Died at	Grays.	Balto				
Date of death	1906	Month Nov.	Day 29	Years 44	Months	Days
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	Cooper	Where Residing If not at place of death Grays Balto Co				
Married, Single or Widowed	Married	Name of Wife or Husband	Jannie Upton	Father's Birthplace	Maryland	
Father's Name	Joshua Upton			Mother's Birthplace	Maryland	
Mother's Maiden Name	Julia H. Barker			Name of person giving information	Brother	
	John W. Upton			How related to deceased		

CAUSES OF DEATH

Primary

Cancer of face (X)

How long

6 yrs

Immediate

Exhaustive hemorrhage

How long

1 month

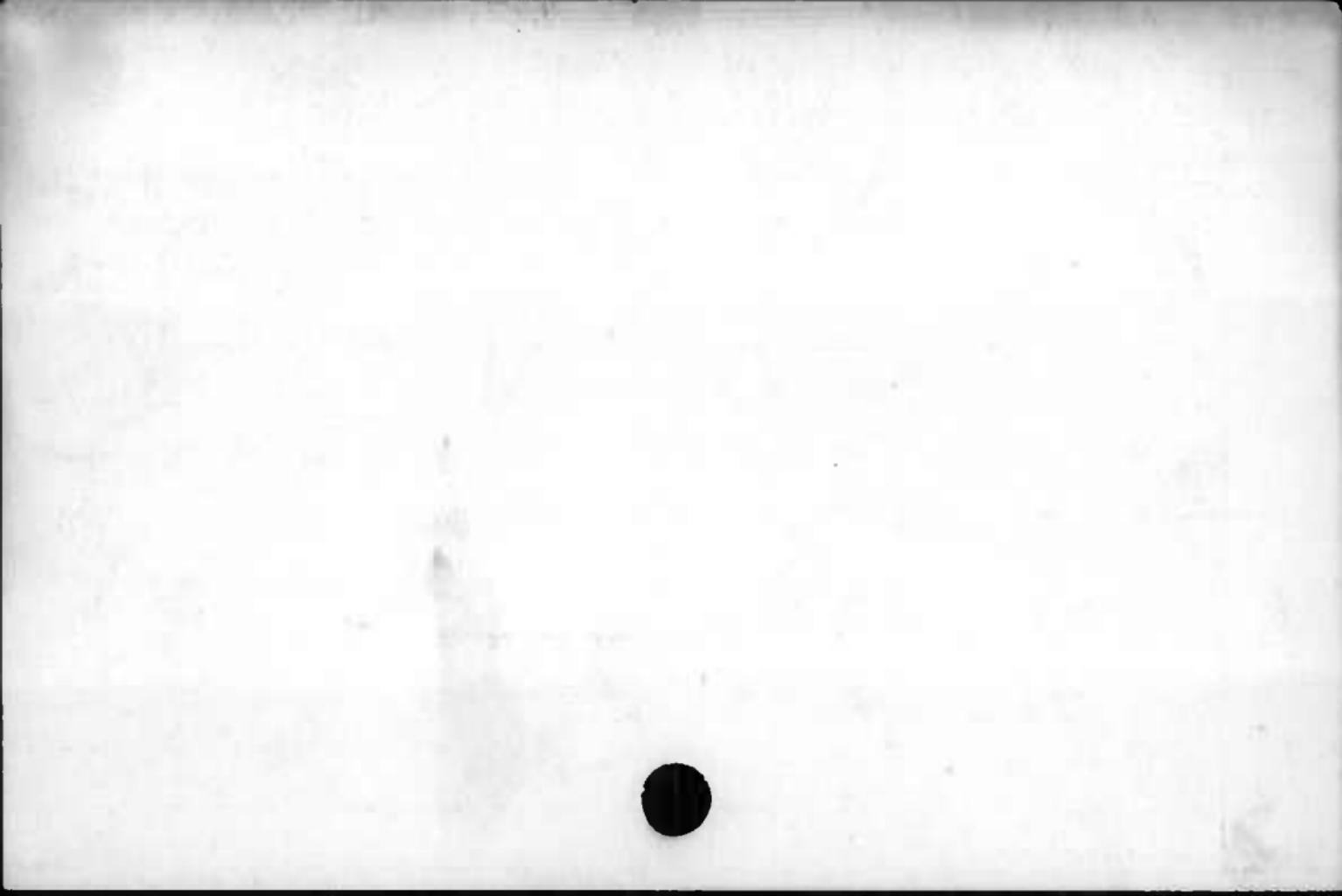
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

108 Brown
Albion City

Accident or Suicide?



Name
in
Full

Frederick C Vogts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1906	Month Nov.	Day 9 th	Years 26	Months 4	Days -	
Sex Male	Color or Race White	Birth-place Baltimore				
Married, Single or Widowed Married	Occupation Car Conductor					
Name of Wife or Husband Mary Helenine Scullan Vogt						
Father's Name Wm C. Vogts	Father's Birthplace Franklin					
Mother's Maiden Name Anna May Conrad	Mother's Birthplace Maryland					
Name of person giving information Sister Mary Vogt	How related to deceased Sister					

CAUSES OF DEATH

Primary Pneumonia (2) How long 18 months

Immediate Extra Gland reaction How long 6 months

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Katsky
Franklin Rd.
Md.



Accident or Suicide?

Intermont.

Carrolls Chapel.

Chestnut Ridge
Md

Name
in
Full

Gestrude Walker

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Granstown Baltimore

Date of death 1906 Month 11 Day 5 Years Age 22 Months — Days —

TO BE ANSWERED BY

NEAREST FRIEND

Sex Female Color or Race Colored Birth-place Virginia
Occupation Domestic Where Residing if not at place of death Granstown
Married, Single or Widowed Single Name of Wife or Husband none
Father's Name George Walker Father's Birthplace Va
Mother's Maiden Name Matilda Hickwood Mother's Birthplace Va
Name of person giving Information Emma Perry How related to deceased Sister

CAUSES OF DEATH

Primary

Abortion

(34)

How long

Two weeks

Immediate

Septacemia

How long

6 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. S. Hawkins
1202 Druid Hill Ave

8

Accident or Suicide?

Felix B. Fox
102 E Mulberry St - Octo
from Cemetery in
Baltimore Co Md

Name
in
Full

Elijah Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bonney</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death 1906	Month 11	Day 17	Age 75	Years -	Months -	Days -
Sex male	Color or Race Colored	Occupation Gardener		Birth-place Harford Co		
Married, Single or Widowed Widower						
Name of Wife or Husband Margaret Waters						
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information <u>Jack Waters</u>	How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cardiac disease of old age</u>	How long	<u>one year</u>
Immediate	<u>General Failure</u>	How long	<u>2 months</u>

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W.H. Bryan M.D.

Address

Franklin

Accident or Suicide?

No

Mount Zion, Harford Co
Md

Name
in
Full

(Wells) John.

CERTIFICATE OF DEATH

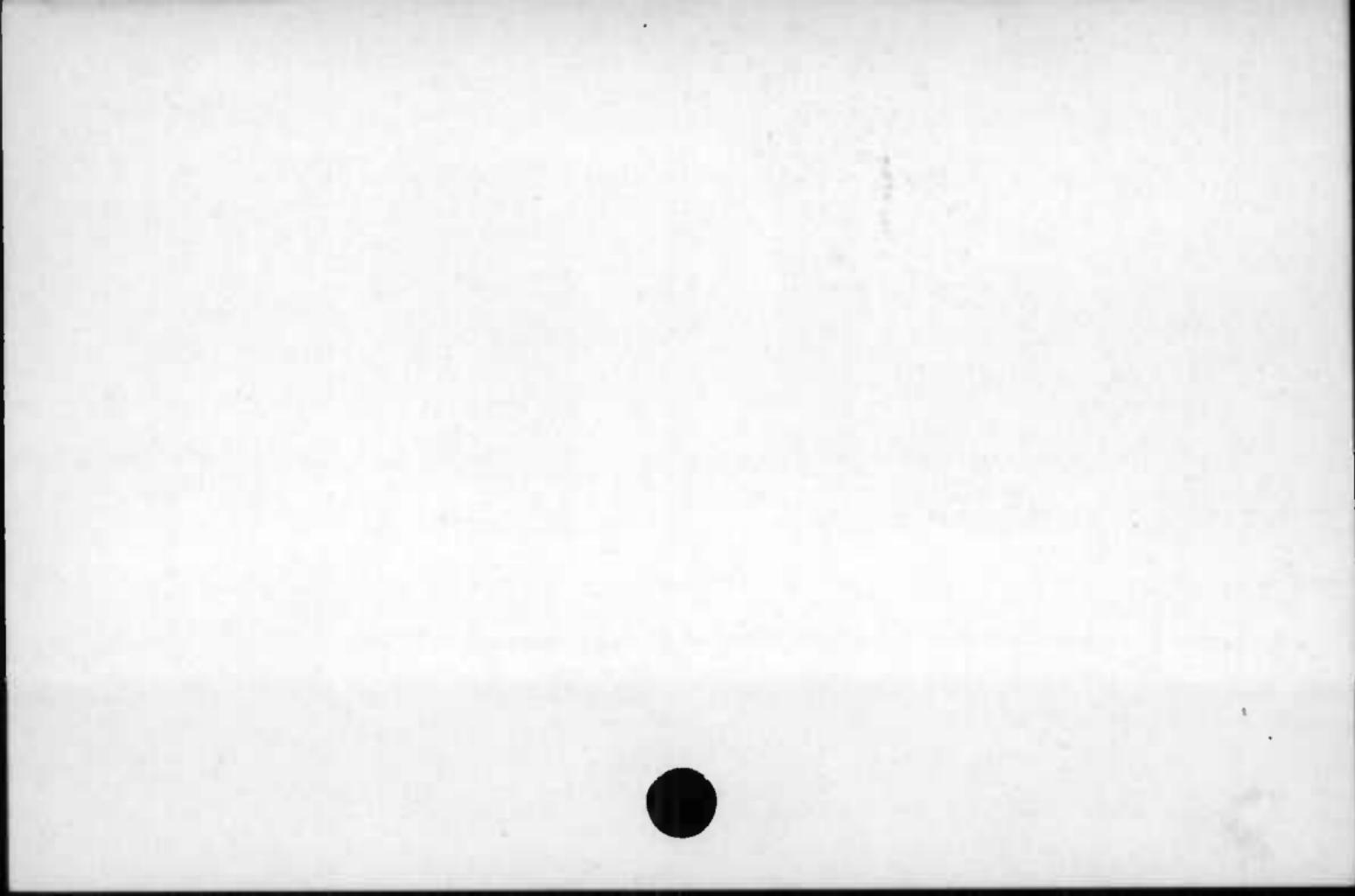
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	Boat	County	MARYLAND
Date of death	Month	Day	Years	Months Days
Sex	Male	Color or Race	white	Birth-place Md.
Occupation	Machinist			Where Residing if not at place of death X
Married, Single or Widowed	Single	Name of Wife or Husband	X	
Father's Name	X			Father's Birthplace X
Mother's Maiden Name	X			Mother's Birthplace X
Name of person giving information	X			How related to deceased X

CAUSES OF DEATH

Primary	Senile Dementia	How long	7 yrs.
Immediate	Valvular Disease of Heart	How long	few hours,
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Perry Reed
		Address	Leatonsville, Md
8	Accident or Suicide?	No.	



Name
in
Full

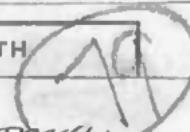
George F. Wheeler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Tawson			
Father's Name	Francis J. Wheeler				
Mother's Maiden Name	Mary Ann McAtie				
Name of person giving Information	Mrs Emma Hunt				

CAUSES OF DEATH



PHYSICIAN
OR CORONER

Primary
Val vics. of heart. Atherosoma

How long

Immediate
Venous Curgation

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R. G. Massenburg

Address

Tawson

Yes

Accident or Suicide?

John Burns Sons

Intermittent

St Mary's Hospital

Name
in
Full

Amanda A. White

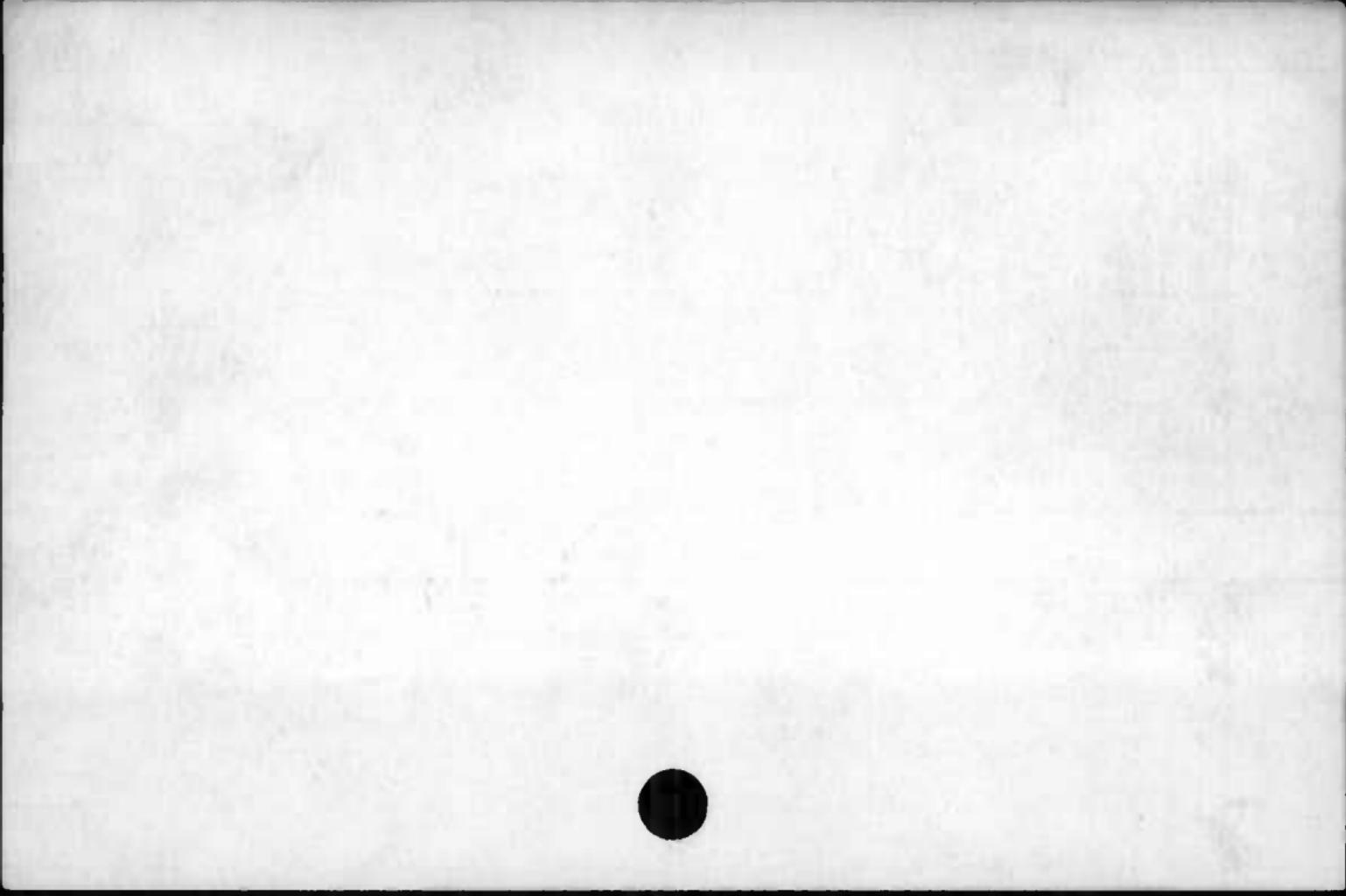
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	Nov	19	Age 77
Sex	Color or Race	Birth-place	Months Days
Female	White	Maryland	~ ~
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Names of Wife or Husband	Richard W. White	
Father's Name	not known		
Mother's Maiden Name	not known		
Name of person giving Information	John R. White (19) Nephew		

CAUSES OF DEATH

Primary	Hypertonic disease of heart	
Immediate	Heart Failure	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes.		Address
8		Accident or Suicide?



Name
in
Full

Frank Whittaker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at Agnes Hospital		Baltimore	
Date of death	Mont	Day	Months Days
1906	Nov	10	— —
Age	Years		
58			
Sex	Color or Race	Birthplace	
Male	white	America	
Occupation	Where Residing if not at place of death		
Baker	-		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Married	John Whittaker	England	
Father's Name			
Mother's Maiden Name	Mother's Birthplace		
not known.	" "		
Name of person giving information	How related to deceased		
Nurses	-		

CAUSES OF DEATH

Primary	Locomotor ataxia	(62)	How long
Immediate	Inhalation		3 mo yrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
yes		J.W. Shaw	-
		Address	87 Agnes Hospital.
Accident or Suicide?			



Name
in
Full

Henry Wiegand

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at 30 O'Donnell St	Baltimore					
Date 27 of death 1906	Month	Day	Years	Months	Days	
27	yr	27	63.	3	20	
Sex Male	Color or Race	white	Birth-place	Germany		
Occupation Labour	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband	Minnie Wiegand				
Father's Name Frederick Wiegand	Father's Birthplace			Germany		
Mother's Maiden Name —	Mother's Birthplace					
Name of person giving information Minnie Wiegand	How related to deceased			Wife		

CAUSES OF DEATH

Primary	Injury - Fall on curb stone	How long	a few minutes
	Hernia and External dysentery	How long	12 hrs
immediate	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	W. L. Burke M.D.
		Address	218 O'Donnell St
PHYSICIAN OR CORONER	8	Accident or Suicide?	

McDonald
H. Sander & Sons

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

<i>Elizabeth Wilkinson</i>					CERTIFICATE OF DEATH	
Died at	Town			County		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name				Father's Birthplace	Maryland	
Mother's Maiden Name				Mother's Birthplace	Maryland	
Name of person giving Information				How related to deceased	Nephew	

Arlington *Baltimore*

6 11 7 69

Female *White*

Widow *—*

O. H. C. Wilkinson

John Becket

Susanna Blake

Mrs. Annie M. Miles

CAUSES OF DEATH

Primary	<i>Fall from second story porch</i>	How long	<i>3 weeks</i>
Immediate	<i>Septic Periton from wound received there.</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>R. F. Haederly, M.D.</i>
		Address	<i>516 E. 47th St.</i>
Accident or Suicide? <i>—</i>			

Zorraire Cemetery
Nov. 9 1906
J. B. Cook.

Name
in
Full

Minnie May Woods

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race		Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Sing. or Widowed	Name of Husband		John D. Woods		
Father's Name	John H. Loral				
Mother's Maiden Name	Ella Golean				
Name of person giving information	John D. Hood				

CAUSES OF DEATH

Primary	Contributory to Heart (20)	How long	6 mos 6 days
Immediate	Bright's disease & heart dropsy	How long	6 mos
Are the name, age, sex, color, date and place correctly given above?	Yes		
	Signature of Physician	Dr J W Kennard	
	Address	708 Ensor St	

Accident or Suicide?

Bridge Cen
Jos Cook

Name
in
Full

Wm Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

John Lynch (Signature)

CAUSES OF DEATH

Primary	Killed by train	How long	immediate
Immediate	Fracture skull	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R.A. Swanson
		Address	203. Toole St
P.D. JONES P.D. JONES	Accident	Coroner.	

Hesse - Constable
Bath Co. Conn.

Name
in
Full

Peter G Gouch

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Glen Morris		Town	Baltimore	County	MARYLAND	
Date of death	1906	Month	Nov	Day	19	Years	60
Sex	Male	Color or Race	White		Birth-place	Baltimore, Md.	
Occupation	Merchant		Where Residing If not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Mary E. Gouch		Father's Birthplace	Baltimore, Md.	
Father's Name	Henry C. Gouch		Mother's Birthplace				
Mother's Maiden Name	Mary A. Fowle		Brother				
Name of person giving information	Frank Gouch		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		20	How long	Two years
Immediate	Pulmonary, Osteum & Cardiac weakness		3 days	How long	
Are the name, age, sex, color, date and place correctly given above?	Y	Signature of Physician	Kaufman		
		Address	Glyndon Md.		
Accident or Suicide?	X				

Druitt Ridge

Name
in
Full

Unknown. White Man.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
near Catonsville	Baltimore				
Date of death	Month	Day	Age	Years	Months Days
1906	Nov	20	? about 60		
Sex	Male	Color or Race	white -	Birth-place	a
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	x	Name of Wife or Husband			
Father's Name	x	Father's Birthplace			
Mother's Maiden Name	x	Mother's Birthplace			
Name of person giving Information	x	How related to deceased			

CAUSES OF DEATH

Primary	Struck & Crushed by Car of Ellicott City Line of United Railway Co.	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
PHYSICIAN OR CORONER	Henry B. Whiteley Coroner Catonsville, Md	
Accident or Suicide?	Accident	

